

**THE MINUTES OF THE REGULAR CITY COUNCIL MEETING HELD
MONDAY, APRIL 24, 2000 AT 6:30 P.M.**

The Meeting was called to order at 6:31 p.m. Present: Council Chairperson Seng; Council Members: Camp, Cook, Fortenberry, Johnson, McRoy, Shoecraft; Paul A. Malzer, Jr., City Clerk.

The Council stood for a moment of silent meditation.

READING OF THE MINUTES

JOHNSON Having been appointed to read the minutes of the City Council proceedings of April 17, 2000, reported having done so, found same correct. Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

PUBLIC HEARING

APPLICATION OF LINCOLN - P STREET CATERING CO., INC. DBA "EMBASSY SUITES" FOR A RETAIL CLASS "I" LIQUOR LICENSE AND LIQUOR CATERING LICENSE AT 1040 P STREET;

MANAGER APPLICATION OF ERIC JONATHAN SPITZER FOR LINCOLN - P STREET CATERING CO., INC. DBA "EMBASSY SUITES" AT 1040 P STREET - Eric Spitzer, 1040 P St., took oath & came forward to answer questions:

Coleen Seng, Council Member: And, you're about to open.

Mr. Spitzer: Yes we are, May 1.

Richard Halvorsen, 6311 Inverness Rd.: I'm opposed to this license. I'm oppose to the license as I believe it violates Nebraska Revised Statute 53-177 which lays out limits to which licenses can be issued from schools, churches, and colleges and universities. There's no license, it says no license shall be issued for sale at retail any alcoholic liquor within 150' of any church, school, hospital, or home for the aged or indigent persons or for veterans. There's the church of Latter Day Saints have an institute right across the street there on Q Street. Well, you're going to say the, you might say the applicant is on P Street, but this license covers the whole building and there's a banquet hall directly there on Q Street. Now even if you find this is not a church or more likely a school also, the last sentence of this law says that no license, if a college, no license or any alcoholic beverage other than beer shall be sold for consumption on the premises within 300' from the campus of any college or university in the State. So, again the university is directly across there from Q Street and the Lied Center is there and the College of Music there. They all fall within this 300' ...

Ms. Seng: Mr. Halvorsen, we do have a report from the Chief of Police that says that the distance from the hotel to the south curb of R Street is 424' and that question had been raised and they had...

Mr. Halvorsen: We're talking Q Street not R Street, Q Street.

Ms. Seng: This is about in regard to the University.

Mr. Halvorsen: Right.

Jon Camp, Council Member: There's a State Statute that defines the boundary of the University of Nebraska at R Street just by law. I checked this out myself a week or so ago. It's one of the vagueries of the law, but liquor license statutes are very specific and depend upon the State Statute. Under normal thinking you're right but ...

Mr. Halvorsen: The College of Music is within 300', I suppose there's a statute that says that's not part of the University.

Mr. Camp: Talk to your State Legislators they define the boundary of the University at R Street.

Mr. Halvorsen: OK.

This matter was taken under advisement.

CREATING WATER DISTRICT NO. 1179 IN PLUM STREET FROM GILLESPIE TO APPROXIMATELY 350 FEET EAST - Rod Greif, 644 Plum: We live at the, right across the street from where they want to put the, create this new water district. There's 13 lots that are going to be affected by this and just probably one benefit, I mean one person is going to benefit for it. In the paper I received from the Engineering Dept. they said the maximum would be \$2,038.00. I went out and talked to Elmer Corey, I believe, out there and he said that that should never have been put in there that it could be more than that, considerably more than that. And, then with, with them putting in the new, new 6" main through there a lot of the houses that are, well not a lot of houses, but houses that would be affected with a stop box, a new stop box on it would be required to raise their supply lines from the house to the street which and most of the houses up and

down that street are older houses and they probably wouldn't meet codes. And, that would be the owners responsibility there. That's probably another \$1,000 to \$1,500 on that. There's a, let's see, mainly, I believe, Whitehead Oil has one lot, Harris Labs has three lots that are affected, we have two lots, Garsis own one lot that's a rental property there and Dan, I'm not sure what his last name, he's got a half a lot that basically all that's on there is his garage on the half lot that he's going to be charged whatever this is for this that Moose Inc. can have their, with their new building, can have their water over there. Now, our water pressure's fine. Also, when I was talking to Rory he said, er Elmer he said that when they hook, they're going to go from a 6" main down on Gillespie Street and loop it into a 4" main upon Plum and a lot of times when they quit, when they install that they'll have to take, it won't connect real well right there and they end up taking out another block. And, that would mean that all the rest of the people that live there on that street would have to bring their, their water lines out and have them up to code for that, I mean what is now code for that area.

Ms. Seng: We'll ask Roger Figard from Public Works. My map shows it's 6" all the way.

Roger Figard, Public Works: Yes, I think what he's inferring is east of this proposed project there's an existing 4" main and there could be some difficulty connecting. I'm not aware that we've had that problem in the past. If there needed to work done to the east of that where there's an existing main that would need to be done at the expense of the water system not any property owners as a replacement. So, I'm not sure what he would be inferring to.

Mr. Greif: When you put your stop boxes out at the, the, the supply from there to the house that has to be in up to codes in order to connect it, that's what I was told. It has to be up to existing codes now to connect it?

Mr. Figard: You're talking about the possibility if you have an old lead service that perhaps you'd have to replace that, that's always a possibility depending on the age. I'm not aware the code requires that to be done. If your service can be connected to the new main the City would probably involve copper from the stop box which is the shut-off to the main, but not necessarily from the stop box to your house. I think that's your choice.

Mr. Greif: So, from the main then there's a stop box placed in each yard?

Mr. Figard: Yes. Usually between the curb and the sidewalk if the streets paved.

Mr. Greif: Where, where are the ...

Ms. Seng: Can we see if there's anyone else that wants to comment from you district and then Roger could talk to you outside probably.

Mr. Figard: I might, if I can make one other comment, because we were in the process of revising our letters, the letters that went out to the property owners that would be affected, it does state the maximum, it says the maximum assessment would be \$2,038.00. That's not on your Fact Sheet, but because we sent that out in the letter I guess I think that we should honor and respect that there would be a maximum of that amount in the assessment rate and stand by that. I'm comfortable that we can do it for that so...

Dan Mumm, 709 Plum St.: I'm opposed to the water district because of the financial obligation in regards to it and to the fact that it's no benefit to me.

This matter was taken under advisement.

CREATING ALLEY PAVING DISTRICT NO. 358 IN THE NORTH SOUTH ALLEY BETWEEN ST. PAUL AND MADISON STREETS, 49TH STREET TO 50TH STREET - Sharon Doll, 2909 N 56th St.: And, I'm speaking on behalf of the First United Methodist Church at 2723 N. 50th that owns property along this alley. We feel that this is an alley that needs paving. It's long over due. It's really quite an eyesore back there. It's full of potholes. Rocks do not stay on it. Potholes do stay on it. Grading doesn't help. It's just a very unsightly place and adjoining property owners really have no incentive to keep their property along the alley looking respectable. I think we need to pave it.

Jeff Fortenberry, Council Member: Ma'am you said you're speaking on behalf of First United Methodist?

Ms. Doll: Yes.

Mr. Fortenberry: You own property as well?

Ms. Doll: Not along this alley. No I'm here representing the Trustees of the church and ...

City Clerk: I did place before Council in regard to Item No. 3 a letter of opposition and then Item No. 4 we do have another letter of

opposition from Roger Powell.

Ms. Seng: I want to ask Roger Figard, we had one about a week ago, an E mail speaking to the concern of water draining over to the west.

Mr. Figard: Coming off from the down spouts of the church?

Ms. Seng: Yes, and then the letter, the other letter that Paul brought forward also spoke to the flow going to the west, so can something be done to make sure that that does not flood out the neighbors?

Mr. Figard: I'll make a special note that we make sure and take care of the drainage during the design and pick those, I take those are probably off down spouts off the buildings coming across the street, but I'll make note of that yes. I didn't get a copy of that second letter if we could get copies of it.

City Clerk: I'll make sure you get a copy. It came prior to the meeting.

This matter was taken under advisement.

CREATING PAVING DISTRICT NO. 2617 IN 73RD STREET FROM CUMING TO THURSTON STREETS - Cheryl Teslow, 4949 N. 73rd St.: I'd asked for this paving district. This runs right in front of my house and again I think this is long overdue. It's, it hasn't been re-rocked. It doesn't stay on the street. I get a lot of rock in my front yard. The main thing is the amount of dust that comes from the street and whether it's large garbage trucks coming through or kids trying to kick up dust, a large cloud of dust frequently rises on that street and seems to always drift directly into my house. I have, it's affecting furniture, to electronics in my house, it's, the amount of dust is really rather incredible and I've been there for six years now and this years probably worse because of the drought and it probably kicks up more dust, but, and it is the only street in the neighborhood, there's, someone referred to it as the gap paving. There are no other gravel streets surrounding this. It's just one block that's gravel. So, I ask for some paving.

Maye McCarron, no address given: I own some property on that street and I agree with her it needs to be paved.

Larry Knollenberg, 5003 N. 73rd: I live right across the street from this road and like she said the dust that comes from there is just unreal. The kids are kicking up they're kicking rocks in our yards, garbage trucks are coming through and there's one house on the whole street that isn't a rental and it's these people over here and they're all for it. They're really getting dust. You can't open you're windows in the summer or anything. And, like she said it's the only one there that's not paved.

Don Roblyer, 7301 Thurston: And that intersection on Thurston is always filled up with water clear around and it stays there 3 or 4 days. The drainage, they haven't got no drainage down for it to go anyplace. So, and they got the alley built up higher than the sidewalks with water socks in there all the time.

Tonya Waddington, 4949 N. 73rd St.: I just want to say that I'm in favor of it, too. The dust is tremendous. Rocks are clear up in the yard. It hasn't been kept up and so rather than re-rock it I'd rather see it get paved.

Jonathan Cook, Council Member: I have a question about the letter from the Housing Authority. I just want to get that clarified since a number of lots are owned by them, that's all been taken into consideration in the assessment estimates?

Mr. Figard: We figured the estimate for the entire cost that would be a levy assessed against the property and then the City would subsidize that so those costs don't get distributed against the other property owners.

Mr. Cook: OK. Thank you.

This matter was taken under advisement.

CREATING WATER DISTRICT NO. 1180 IN 33RD STREET FROM SUPERIOR STREET NORTH TO APPROXIMATELY MERIDIAN DRIVE;

CREATING PAVING DISTRICT NO. 2618 IN 33RD STREET FROM SUPERIOR STREET NORTH TO APPROXIMATELY MERIDIAN DRIVE - Roger Figard, Public Works Dept.: I'm not sure the developer-petitioner is here. I just would remind Council these districts were part and parcel of the annexation agreement and development agreement on North 33rd Street north of Superior that come in where we agreed to do this work as part of a district so would respectfully request your creation of those districts. The developer will supply the petitions and then we can move ahead with construction this summer.

This matter was taken under advisement.

CHANGE OF ZONE 3236 - APPLICATION OF GARNER INDUSTRIES FOR A CHANGE OF ZONE FROM

AG AGRICULTURAL TO I-2 INDUSTRIAL PARK ON PROPERTY GENERALLY LOCATED AT THE SOUTHWEST CORNER OF 98TH AND CORNHUSKER HIGHWAY. (IN CONNECTION W/00R-124) ;

COMP. PLAN AMENDMENT 94-51 - AMENDING THE 1994 LINCOLN/LANCASTER COUNTY COMPREHENSIVE PLAN TO CHANGE THE LAND USE FROM AG AGRICULTURAL TO I-2 INDUSTRIAL PARK ON PROPERTY GENERALLY LOCATED AT THE SOUTHWEST CORNER OF 98TH ST. AND CORNHUSKER HIGHWAY. (IN CONNECTION W/00-82) - Mark Hunzeker, 530 S. 13th St., Suite B: I'm appearing on behalf of Garner Industries. Since we have two items here is it permissible for me to just take 10 minutes and try to run through this as quickly as I can.

Ms. Seng: We hope you'll talk fast.

Mr. Hunzeker: I will try and do it quicker, OK, thank you. Garner Industries is a local company which has grown into a very substantial employer in Lincoln. They are currently located at 48th and Superior or at least their headquarters is located there. They are doing business out of two different locations at the moment with the possibility of adding, the necessity of adding a third leased location to house some new injection molding machines which were recently purchased in anticipation of addition business. The business is growing, it is a high tech tool and dye and injection molding company that supplies parts to various high tech firms including Centurion which we've had some recent discussion about. They have 110 employees. They need to expand. They need to consolidate their location into one building and they need to modernize their plant. They want to stay in northeast Lincoln and they've had quite a search for locations and finally arrived at 98th and Highway 6 at the location that is before you. And, after a serious of negotiation with that property owner, finally came to an agreement and came to the City with a proposal to re-zone and build on that site. Now, we've had a lot of discussion with the City of Lincoln about this site and I know Coleen has been part of it and I know that most of you are familiar at least somewhat with the saga of our discussions. I want to say ever since we reached a point where we concluded that it would be virtually impossible in the short-term to supply City services and to annex this property we've had excellent cooperation with this from the Planning Dept., the Public Works Dept., and everybody associated with this project on the City side to work out a solution that has brought us to you with a recommendation of approval of both our change of zone and the Comp Plan amendment that's associated with it and the recommendation of approval by the Planning Commission. It hasn't been simple. There's a lot of issues that have been raised not the least of which is, again, sewer, water, transportation, flood plain, and others, but we are here with a recommendation of approval by the Staff and by the Planning Commission basically conditioned upon our execution of some restrictive covenants that go along with this change of zone. The restrictive covenant will run in favor of the City and will say basically that we will not be able to get a building permit for this site until such time as we have brought to you and had approved a Planned Unit Development which we have agreed is an appropriate mechanism for tying down some of the concerns that we've discussed as opposed to long term operating with the restrictive covenants. But, those things include, and I believe that all of this is in your packet of materials, but we have a fairly lengthy list of items which we have agreed will cover in the Planned Unit Development. The site plan that's acceptable to the City, the development of landscaping, building facade and design standards for the property acceptable to the City is or as required by the entryway design standards if they've been approved prior to the final P.U.D. being approved. Grading plan that impacts or addresses the impact of the project on the mapped and unmapped 100 year flood plain. Provisions for wetland restoration and creation within the majority of the floodway and relocated drainageway on the property. Provision for onsite water and sewer services. Retaining the agricultural zoning on the floodway portion of the property. Dedication of 50' of right-of-way from centerline in 98th Street. Minimum front yard setback along 98th Street of 60'. Traffic study and profile of 98th Street acceptable to both the County and the City Engineers. Agreements to provide for paving and transportation improvements, again, acceptable to the City Engineers and the County Engineer. Meeting City's stormwater design standards, the acceptable location of the entrance to Garner Industries off 98th Street and an acknowledgment that it will be annexed when and if City water and sewer service become available in this area. I can go into more detail on each of those issues to the extent that you want me to. I don't know that it's necessary if you've been through the information in your packet, but I'm certainly willing to cover those. I do have some elevations which I want to spend just a minute with so that everybody understands what we mean when we talk about that in the covenants. As you can see the east

elevation is the front of the building and the building will face 98th Street. The building will be tilt-up concrete. Most of the windows are going to be in the office area as you see the entrance. There will be other windows in this structure, but these elevations are not showing that at this time partly because the location of windows depends on the location of the equipment inside which is not yet been determined so there will be some other additional windows breaking up this facade on the west and probably even some on the south. But, I wanted to just say to you, that the basic, one of the things that Phil Mullen, the president of Garner Industries has said all along here is that he's interested in creating a campus like setting for this company. He wants to do something on the order of, all be it, on a smaller scale of what you see at Novartis. We are going to have a pond out in front which will serve a dual function of aesthetics as well as supplementing the firefighting capabilities on the site. But, I think it's important as we look at this, we've had some comments which I think were well intended constructive criticism of the, of the, of the elevations that you're seeing on this overhead that it needed more windows, it needed a little more architectural detail to make it prettier, but I will say to you that I think that most of the attraction of the Novartis site is in its landscaping and the green areas in front of the building and not in the building itself. And, just to give you a little reminder of that I went out and had some photographs taken of the Novartis site and it's a little difficult to see, but this is from the east side of Novartis. You can see that there is a very substantial area of that building which really doesn't have a lot of architectural detail except for the main office out in front and so the perception is that that is the standard that is very high and very nice and certainly makes for a very attractive entrance to our City and it is. I put this before you just to remind you that to the extent that we don't have a full bay of windows all the way along every elevation of this building when we come back with our P.U.D, it is not because we're trying to back down on any promises we're making here, we are intending to have a very attractive building and we think what we have here is attractive and that the landscape plan will draw the attention to the front of the building where it belongs. So, just keep it in mind as we come back through the process that this is not necessarily, this is a manufacturing type facility. It is not an office building. I'll try to answer any questions you may have. Oh, and one final item, Item No. 8 which is the change of zone is an ordinance and we are because of the numbers of meetings that we've had with the City we're a little bit up against the wall in terms of timing with closing and getting moving with this project and so we would request that you give Item No. 8 2nd and 3rd reading this evening and vote on it along with the Comprehensive Plan amendment. I'll try to answer any questions you may have.

Ms. Seng: Anyone want to move that we have 2nd and 3rd?

Jon Camp, Council Member: I'll move that.

Cindy Johnson, Council Member: I'll second.

Ms. Seng: Paul call and see if there's any opposition to this before we do that.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

This matter was taken under advisement.

CHANGE OF ZONE 3237 - AMENDING TITLE 27 OF THE LINCOLN MUNICIPAL CODE TO REQUIRE THAT NEW CONSTRUCTION IN THE R-4, R-5, R-6, R-7, AND R-8 ZONING DISTRICTS CONFORM WITH NEIGHBORHOOD DESIGN STANDARDS; TO ADJUST THE AREA REQUIREMENTS FOR MULTI-FAMILY DWELLINGS IN THE R-5 THROUGH R-8 ZONING DISTRICT; TO REMOVE THE R-C RESIDENTIAL CONSERVATION DISTRICT; TO ADJUST THE REQUIREMENTS FOR OPEN SPACE IN THE R-5 THROUGH R-8 ZONING DISTRICTS; AND TO ADD LANGUAGE TO ALLOW UP TO 25% OF A FRONT FACADE TO ENCRoACH UP TO TWO FEET INTO THE REQUIRED FRONT YARD. (IN CONNECTION W/00R-127);

AMENDING THE NEIGHBORHOOD DESIGN STANDARDS TO MAKE THE STANDARDS APPLICABLE TO THOSE AREAS ZONED R-4, R-5, R-6, R-7, AND R-8 RESIDENTIAL ZONING DISTRICTS WHICH WERE ANNEXED PRIOR TO DECEMBER 31, 1949 AND ARE POTENTIALLY ELIGIBLE FOR THE NATIONAL REGISTER OF HISTORIC PLACES AND TO ELIMINATE THEIR APPLICATION TO THE R-C RESIDENTIAL CONSERVATION DISTRICT. (IN CONNECTION W/00-83) - Seacrest & Kalkowski, 1111 Lincoln Mall, Suite 350: I'm a member of the Antelope Valley Study Team who has been working with the City of Lincoln, the University of Nebraska Lincoln and the Lower Platte South NRD for about four years now on the Antelope Valley Plan. I'd like to ask for a little bit additional time to make a presentation, a very complex matter, we will be quick though however. What we're dealing with is 600 inner city blocks of our community, the historical center of our community, trying to make it a very positive and while a lot of the plan

to date the advertisement has centered around the mortars and bricks and the creeks and the roadways there's been another part of this planning process that's tried to look for what I call the non-mortar and brick solutions along the line and one of those aspects has been design and density and zoning issues and we created a subcommittee of our 60 member advisory committee where we had a subcommittee and Coleen Seng was the chair of that subcommittee. She had about 24 volunteer members, self-appointed that they could just be on this subcommittee representing 12 different neighborhoods, 3 businesses, 2 apartment owners, and they looked at a whole series, 14 different strategies from parking vans, to all types including density and how improper design standards has lowered potentially our quality of life in the core. We looked at issues of about how Police and how higher crime can have an impact along with density if the quality's not preserved properly and how Public Works has a hard time delivering infrastructure needs, Health Dept. with public health issues and on and on. And, what they came to the conclusion was there was a correlation between higher density with poor design does lead to a reduced quality of life and with that the subcommittee came forward with an ordinance recommendations which they then handed off to John Carlson and he took it from there. John.

John Carlson, no address given: I'm representing the 14 Neighborhood Associations that signed on as co-sponsors for the zoning change. Change of Zone 3237 which we call the Neighborhood Character Preservation Initiative would introduce measures to protect the residential characteristics of our older established neighborhoods. It affects R-4, R-5, 6,7 & 8 zoning districts within a perimeter marked by the city limits as of 1950. The perimeter was chosen specifically to address these changes to the City core. Development outside the area would be unaffected by these changes. The 14 sponsoring neighborhoods make up a majority of the proposed perimeter area and the overwhelming majority of the affected zoning area. In addition to the sponsoring neighborhoods this measure is supported by 6 additional neighborhood associations within the affected area. The City of Lincoln's Urban Development Department and Historical Preservation Commission, Preservation Association of Lincoln, and REOMA, the Real Estate Owners and Managers Association. This broad base of support includes both neighborhood groups and investment property owners. The proposed changes do not represent a drastic overhauling of the zoning code, they do represent a few small changes that can produce a much larger community benefit. In a 1996 New Yorker magazine article Malcolm Gladwell refers to a concept known as the tipping point. He says the change doesn't always happen the way that we expect it to happen. We expect that every extra ounce of effort will produce a corresponding improvement and result. For example, a small child and a big child sit on opposite ends of the seesaw, the small child high up in the air. One by one bricks are set in front of the small child. We expect things to be proportional to one another. Hand the small one brick and the big child should rise an inch, shouldn't he? But that's not what happens. In fact nothing happens until the final brick is set down and the big child rises into the air all at once. They have passed their tipping point. In the same way crisis doesn't reach us step by step it arrives all at once. The camel seems comfortable under his load until we add just one straw too many. Our neighborhood seemed fine until one morning we wake and find them an undesirable place to live. We have reached the tipping point. Now, the good news is that the reverse seems to hold true as well. We need not remove the entire stack of bricks to bring the child back to the ground, removing the right ones will make the difference. This initiative has three components. Increasing open space, removing the large lot bonus and incorporating the design standards that currently exist in residential conservation districts into the R-4 with the R-8 zoning districts within the proposed perimeter on the map. Increased open space are vital for the social and physical well being of neighborhood residents. Park land or recreational spaces are already a premium in most of the R-5 through R-8 zones. Encouraging greener more open developments will ease the burden on these facilities and promote a healthier, friendlier environment. Neighbors will enjoy greater opportunities for meeting and interacting within the community. Removing a large lot bonus would discourage developers from buying up single lots in order to assemble super lots. The current zoning rewards the developers of these large lots by allowing a higher density apartment to be built than would normally be allowed on separate lots totaling the same size. Scattered nominally sized multi-unit buildings can fit nicely into a neighborhood scheme. The diversity of the tenants and owner does much to make up the character of Lincoln's established neighborhoods. Large multi-unit buildings, however, disrupt the neighborhood's character in a

number of ways. First the size of these large complexes is inappropriate for the surrounding neighborhood. They are both architecturally and psychologically overbearing and disrupting to the surrounding residential character. Second and most importantly, the increase in density within the block can prove overwhelming for the existing infrastructure. The existing utilities and roads were constructed to support a population of low to moderate density, drastically increasing the density per block without updating the support structure can have a dramatically negative impact on the neighborhood. Some of these impacts are inadequate water pressure and parking, traffic congestion and noise, increased crime and overcrowded schools. All of these factors contribute to the destruction of the character of our fine Lincoln neighborhoods and a vastly reduced quality of life for the citizens living in them. Eliminating the large lot bonus will change our vision of Lincoln, while stop encouraging over scaled complexes to be dropped into existing residential neighborhoods. We would continue, however, to encourage small to medium scale developments that promote neighborhood character and quality of life. The last component, Neighborhood Design Standards, would encourage rehabilitation of the existing houses while allowing necessary new construction that is compatible with the surrounding existing residential buildings. There are three basic design elements that have a significant affect on compatibility. 1. orientation of windows and entrances outwards towards the street. 2. height, roof lines, and massings of buildings similar to the existing houses, and 3. parking in the rear of the building. None of these design standards are overly restrictive. They do not add dramatically to the cost of construction. Together, however, they can provide a dramatic difference to neighborhood quality. Take this interesting Streetscape for example; here we have three apartment buildings designed in three different decades. Notice how we've gone from an outward community oriented sensibility and the 20's development to a more closed in fortress type of sensibility in the 70's development. There's obviously a time when we conscientiously built to a higher standard and I believe that these small changes in design can have a dramatic impact on neighborhood liveability. Here are two examples of buildings that while differing in design from the homes around them share a common orientation to the street, a similar mass, and parking in the rear. They have green open space in their front and backyards and a design that promotes an outward community sensibility. On the top shot we have a reverse shot of the streetscape of the previous building. Who wouldn't want to live on this beautiful Lincoln street? Now, let me contrast this with the streetscaped just four blocks away on the bottom of the page. Here we can see all of the existing zoning elements coming together, unfortunately, in the negative. I'd like to say that my intent is not to attack this particular rental property, my wife and I own 40 rental units that would be affected by this proposed zoning change. We understand the importance of rental property as a persons livelihood. Its something that this property's particularly illustrative of the proposals in this change of zone. As we look at this picture we notice first the scale of the buildings is much too large for the surrounding houses. The setback places the buildings farther back in the rear of the house next door. They overbear and psychologically together place undue stress on the existing infrastructure. Second, they're built practically lot line to lot line. Their open space such as it is is dominated by concrete parking areas. The only green space is the strip on the City right-of-way. Lastly they lack many of the key characteristics that one would normally designate as residential and community oriented. For the person who lives in these buildings, this is your front and backyards. The only reason that someone would have to be in these yards would be to get in their car and leave the neighborhood. This type of inside your car, to inside your house, back inside your car is exactly the kind of isolating design that robs our neighborhoods of their sense of community. In this next picture this is effectively your front and back doors. Hardly the kind of design that encourages neighbors to interact. To be with this design your best opportunity to meet your neighbors might be if you both left your windows open in which case you could reach across, shake hands and shout hello over the drone of the heating and cooling units. Four blocks to the south of this building is a 25 block area of Near South zoned as residential conservation that currently enjoys the benefits of the proposed neighborhood design standards. In this area neighborhood design standards turn this building into this building. They place the parking in the rear, they provide a building that is similar to the surrounding houses and high massive roof line and they orient the building outwards toward the rest of the neighborhood. Does this present an impossible design challenge to a builder? No. Is the process burdensome

and overly bureaucratic? Again, no. Do design standards guarantee a beautiful building? Well frankly no. But, what they do is change a feel of the most critical design elements. Elements that can tip the neighborhood balance from that of a cramped fortress type mentality to that of a greener more community oriented type. It's always easier and more cost efficient to preserve and to rehabilitate. For those neighborhoods still strong this change of zone will help preserve their strength. For those neighborhoods in crisis this change will provide effective and reasonable solutions. Solutions to increase crime, over crowded streets and schools in the diminishing sense of ownership and community. This is why so many groups have chose to support the Neighborhood Character Preservation Initiative. It promotes a greener, more liveable community and discourages development in already stressed areas. It represents a vision of Lincoln as a City where people continue to care, not just where they live, but how they live. A city of people who care about each other, who recognize that a weak part of our community weakens everyone. Who understands that what is good for our neighbors and neighborhoods ultimately strengthens all. I thank you for your attention during the presentation, ask your vote of approval and we'll be happy to answer any questions at this time.

James Cook, 5119 Huntington: I'm here representing the University Place Community Organization and I also serve on the Antelope Valley Advisory Board. If we're asking the community to think about creating a healthy, vibrant community we have to look at the center. For those of us who live at the center or near the center there's an element of uncertainty. What happens tomorrow? What happens when in the quiet of collaboration a large number of lots are purchased and very large structures are built, built in our neighborhood that we can build today? There's a reliance that those of us who live at the center will be treated with some assurance, some respect, that our investments are also worthy. We don't want to stand in the way of progress,. We don't want to stand in the way of good commerce, but we do want to stand in the way of inappropriate design. So, we would encourage you to please consider the zoning change, give us the reliance that we expect and hope for, and give us a reason to move back to the center of the City. Thank you.

Julie Post, Urban Development Dept.: I'm just here to tell you that the Urban Development Dept. also supports this change. We've worked in older neighborhoods, that's where we do our work and we know that the zoning of these areas and the inappropriate zoning that has happened over the years has had a big affect on these neighborhoods. A negative affect. This change will do nothing to decrease density in these areas, but it will hold the line on density. So, we won't be able to move things backwards to where they once were, but I think we'll be able to move forward in a positive way. Thanks.

Rachel Murray, 2524 S Street: I'm a resident of the Malone Neighborhood. I live at 2524 S Street. My home is also located in the Holly Historic Dist. I've been living in my current home for the last seven years and I am a homeowner. I'm here today to offer my enthusiastic support for the Neighborhood Character Preservation Initiative. I believe this legislation is important to Lincoln because first it provides guidelines for future development in existing neighborhoods and because it's guidelines emphasize those qualities or standards which make housing truly liveable for it's residence. Housing which goes beyond just meeting basic needs. This legislation is proactive. It's aim is to set playful, community based, or inspired design standards from new neighborhood construction. The alternative is for us to continue as we have in the past merely hoping new residential development will fit with the character, architecture and overall use of green space of Lincoln's existing neighborhoods. That latter proposition has been and still constitutes quite a gamble especially given that Lincoln is growing with leaps and bounds. Older, (inaudible) neighborhoods like the Malone area have and will continue to house many people. Such older neighborhoods have the highest population densities in Lincoln. Highly populated residential neighborhoods will continue to incorporate both single family and multiple family dwellings. In the future it is conceivable that Lincoln, like in many major American cities today, many more people may chose to live in multiple family housing. People may be buying family apartments instead of single family homes. Someday there may even be a demand for such housing in well established neighborhoods near the City core. Given present and future demands for housing to remain a thriving and beautiful city Lincoln needs it's older neighborhoods to remain viable. This means there must exist a significant degree of stability in the population of long-term residence. There needs to be successful commerce and there needs to be an inviting, natural and built environment.

How we build residences will definitely impact the liveability of the inner urban or core neighborhoods of Lincoln. If green space is not preserved, if housing is not a matter of home, but rather of mammoth human warehouses, if the defining architecture of the neighborhoods is not honored the community will lose it's identity, it's beauty and it's spirit, and people will not want to live there. Without a sense of community, without committed long-term residence who love their homes, without local thriving businesses there will be urban blight with all it's myriad of problems. Our city is at a crossroads for growing and we can be in charge of our destiny, but that would require making decisions about who we want to be in the future. I hope the City Council will envision some of our future in the design standards outlined in the Neighborhood Character Preservation Initiative and will fully support this measure. Thank you. Any questions.

Mark Hunzeker, 530 S. 13th St., Suite B: Madam Chair and members of the Council I'm Mark Hunzeker appearing on behalf of the Lincoln Board of Realtors. I think in your packet you would have received a copy of a letter that was sent by the president of the Lincoln Board to the Planning Commission with respect to this item. You didn't? There should have been one in the information with your fact sheet. If there wasn't ..

Ms. Seng: That could be.

Mr. Hunzeker: I'll make sure you'll get a copy of it sometime before you vote on this next week.

Ms. Seng: We don't vote until next week.

Mr. Hunzeker: The Lincoln Board of Realtors has historically opposed to down zoning whether that be by changes to the zoning map or to the text. I think probably more objectionable even then the additional cost imposed by the reduction in density that is implied by this ordinance is the underlying assumption that only through more regulation will we encourage responsible development under the existing zoning. The existing density incentives that are in the R-5, 6, 7 , & 8 districts were instituted in 1979 as part of an effort to address the very issues that were raised by Mr. Carlson in his presentation. In fact we agree with most of the comments that he made with respect to the design of buildings that have no windows facing the street, effectively sits sideways on the lot and so forth. These provisions were designed to alleviate that and in fact most of the buildings that occupy three or more lots which have been constructed in the last 20 years are of the best of the lot in Lincoln. They face the street, they have architectural features which resemble the houses in the neighborhood. They are large and they do have, sometimes, rather imposing mass, however, compared to what was being built in 1979 on single lots, seven units per 50 foot lot, sitting sideways on the lot they are a very big improvement. In fact, I wish I still had the photographs that John was using. The one example that he used of the overlay district shows you that a little too much regulation can result in a less desirable product. You can make the buildings face the street. You can even say that they have to have a porch and windows facing the street, but when you impose height limitations such as you have in the overlay district you end up with a rather squat looking building in an area where most houses have nice big gable roofs. So, regulation is not the answer to encouraging responsible investment in these areas. These regulations were developed and the existing regulations were developed at a time when regulation of multifamily housing was very strict at the perimeter of the City encouraging redevelopment of multifamily in the inner part of the City was thought desirable for the purpose of supporting the downtown. In the 80's things changed and we started to move more towards the perimeter and to loosen up and since the mid-80's you haven't seen very many of these buildings being built. Certainly not in the recent past and very few of them are being constructed at all right now in part because of the previous down zoning that took place with respect to parking requirements. So, I would encourage you to consider the fact, we have a lot of programs that encourage for grants and loans and so forth in these older areas of town, the necessity of which is because of the lack of investment in those areas. When you increase the cost of investment in those areas you will get less investment in those areas and you will have greater need for public dollars to be expended. By reducing the density you encourage sprawl, which is something a lot of people say their against except to when it comes to saying are you in favor of higher density. So, it's a paradox that you have to deal with and one which I would encourage you to really consider whether you're going to have a beneficial result by adding to the regulatory burden and reducing the available density in areas which you've already zoned for multi-family development. I'll try to answer any questions.

Mr. Camp: Mark, I guess I'm confused. You mentioned this would

reduce the density and I believe the representative of Urban Development was saying that it would not or did I miss something there?

Mr. Hunzeker: When you increase required open space you are effectively reducing density. That's simply a matter of reducing the available, buildable area on a lot by requiring mandatory amounts of open space for every unit constructed. That is a reduction in density. I mean there's no other way to describe it.

Mr. Camp: I may ask John Carlson to respond later. Thank you.

Mike Morosin, Past President Malone Neighborhood Assoc., 2055 S St.: And a 30+ resident of the Malone area. Speaking from a neutral position because I am a member of the Antelope Valley Task Force. I was also a member of the subcommittee that took a look at these design standards. We supported in our neighborhood some of the design standards that have been mentioned, but we have some problems. For the last 30 years since I've been down there our neighborhood has been a number one target with a big bulls eye on it. The University has encroached the neighborhood. Our neighborhood has been red lined many times. We have to worry about parking from the University on a daily basis that we fight daily. And, you take a look at this and with some of these designs I think it may discourage good building practices down there by bringing in some substandard building. They may be smaller, but they may be substandard. We'll have to take a look at that and see what comes from it. When we look at the historical perspective, if you live west of 22nd Street people need not apply for any historical designation. If you live east of 22nd Street you get favorable historic distinction there. We have some houses west of 22nd Street that we've venerated for about four years now that they're over a 100 years old now that we would like those houses moved and put into a historical area. We've asked about it, we've talked to Mr. Zimmer and we kind of, they've thumbed their noses at us. So we do have some problems with this when it comes about and I think we need to take a look at it and understand is this going to bring in good building practices or not? Our neighborhood is very much density because buildings that nobody else wanted were brought down to our neighborhood. We've had Daywatch, Matt Talbot, and other things come into our neighborhood which consistently on daily basis provides problems with alcohol and other abuses. So, we have to take a look at this and these are some of the things we brought forward. Many of the questions haven't been answered. I hope that they get answered in the future, but I think you need to take a look at this and decide is this really going to do what it's suppose to do. Thank you very much.

Glen Cekal, 1420 C St.: I have said this quite a few times, I wasn't planning on speaking on this, but as I sat here and I heard some of the comments I felt my blood start to boil. I don't recall I guess I was a Lincoln Board of Realtor member approximately, close to 30 years. I don't know where the Lincoln Board of Realtors were, Mr. Hunzeker, when across the alley from me six blocks south of the Capitol, addresses being 1411, 21 & 31 D as in Denver. They allowed three, I believe, it's 12 unit apartments to be built, yes, and provided parking for every other unit. That's crooked. That's pathetic and Mrs. Julie Post, I big to differ with you that we can't change something if that's, if I have it right what you said. We can change some of the things. When we say we can't it's only because it's in our mind. We can go back in and make parking. We're doing a pretty good job down in the Haymarket as an example. In other places, I can't recall at the moment, but I'm sure there's many examples. Where there's a will there's a way. In some of these areas we need to try and do something about the parking. I have a friend who says, well you know, they've written this area off. And you know, this persons a very dear friend of mine and her intelligence far exceeds mine. I don't know that here experience along these lines if that's the case, but I respect this persons opinion very much, and is a person of high character and when this is said I hurt inside. I hurt inside right now. I mean I hurt because she's right and ever since Helen Boosalis said we need to do something for the downtown and I got busy and somebody upstairs liked me and we ended up with Highlands North. And, but in the meantime those people that are more interested in making money is their first number one item rather than quality of living matters. They kept bleeding the downtown more and more. We, I complained here a while back about sidewalks in my area and Coleen Seng suggested Mr. Figard be of assistance to me. They did. They went out and looked at the area, they started drawing areas and arrows on the sidewalks, I got real excited and I thought see it does finally pay off. But then they said whoops we got ahead of ourselves. We don't have any money. I'm sick to death, I heard this from Mayor Johanns and I don't care, to me it's not a matter of Republican or Democrat it's a matter of do you care. Do you want to take

and create a swamp, Mr. Fortenberry, do you? If you don't see to it all of you including the Mayor that all areas of the City be treated equally. That there's a level playing field. If you can't hire a lawyer, if you don't have some secretaries and a bank of computers and a few things, you know, you're sort of out and I'll stop about now, but you see we have a problem of attitude and honesty and integrity it's not so much a matter of what Mr. Seacrest and Mr. Carlson brought up and I wish you, each one of you have a vote and you represent the people and I wished you would, all the people. That's what I ask. It's time to change. I've been a good person in my life, I've been not so good, vacillated back and forth. I think this true of all of us. None of us are saints, but why I'm here is I still have hope. I'm not here probably for me. I'm here probably for someone to follow. I appreciate my forefathers such as the person giving the land for Pioneers Park. How many times I've thought how grateful I am. And, how grateful I am, last point, Larry Enerson, how he designed some beautiful things for the City. He cared and if you have all the money in the world and if you don't have quality of life you don't have anything. And, whether your neighbors not doing too well, believe it or not it affects you or it should. Thank you.

Mr. Camp: I guess I'm looking for some clarifications on the standards and one of the questions raised and I did find the Board of Realtors letter too, that was holding the line of the density, but Mr. Hunzeker said, I guess it makes some sense, could you explain the impact of this and the density issue?

Mr. Carlson: I think the reference that Julie made to holding the line of density was that none of these areas that are currently zoned for multifamily's would be changed. None of that multifamily designation would be lost. The only impact that there has in our particular change is that the bonus that's gotten from the large lot from assembling large lots your square footage per lot drops down, square footage per unit needed drops down when you get a larger and larger lot. It's kind of confusing to talk about, but essentially the multifamily designation stays. A lot that was zoned for a six plex can still be used as a six plex. A lot block that zoned R-5 remains R-5. What's lost with the large lot bonus is the ability to assemble those lots into giant lots and then gain a bonus for doing so. And, Julie's idea that this doesn't represent a down zoning I think she was talking about going in and say removing apartments and putting them back to single family homes which would reduce density. I think that was her comment for holding line on density. It still allows for denser development towards the center of the City which is something that I think we're planning for, but it takes the exponential component out of it. It says that a lot that is zoned for a six plex remains lot zoned for six plex, but we're discouraging the exponential component where you put in the 30 or 40 unit building on a block that has single family homes on it instead you put a six here, six here, a four here that type of a deal.

Mr. Seacrest: I'm looking at Jon to see if he understands. Let's say a lot allows four dwellings, now if you have two lots that suggests you should have eight dwellings and three lots suggest twelve dwellings. That's what this new ordinance would do. Under the present law, though, instead of going up by fours arithmetically it goes geometric, so the more lots you assemble the more dwellings per square foot and I think that what we're saying here is there's not a clear rational basis when it comes to public health, police, school systems to encourage that type of bonus system particularly when the prior Council, basically, did the same thing when we said you have to have 1.75 parking spaces per unit. That almost took away that geometric affect anyway. Now, we're making it extra clear that it's gone.

Mr. Camp: Jon in part of your testimony I believe you and in some of the photos you showed us for the long narrow multi-unit apartment buildings, if this doesn't, if the changes in the standards do not remove that on the same lot how is the standard helping that situation?

Mr. Carlson: Alright, because it's kind of a three pronged approach, you have the combination of the open space requirements, you have the removal of the large lot bonus, then you have, also, the neighborhood design standards. So, the answer to your question is that the neighborhood design standards component of the change would address the property that's turned sideways with no frontage to it. So, there's two different changes, but they go kind hand in hand as we're trying to eliminate the way over scale complex, allow the smaller complex, but allow it to have more of a neighborhood orientation. So, it's not addressed by the large lot owner, but it's addressed by the design standard one.

Mr. Camp: With your experiences as an apartment owner and so forth do you think the new standards would feasibly allow a six, seven plex that

is currently allowed and then squeezed in on a lot because you're going to need certain footprint, obviously, to get the unit.

Mr. Carlson: Right. Well, the design standards, I don't think, would have any impact on it whatsoever. I think you could still build those units, you can just design them a different way. The open space requirement, mathematically speaking, would have an impact on it were it not for what Kent mentioned earlier. And, I might place this graph on here for a little bit of clarification if I can get it on there. The Planning Dept. generated a chart that shows the changes between the current standard and the proposed standard. But, then in the addition it shows the changes, it shows the difference between the proposed standard and the current standard once the parking (inaudible) is factored in. And, right now the parking standards are more restrictive than the open space requirement, so in affect this is almost bringing the open space requirement into uniformity with the current parking requirement. If you look at the graph out of all these different scenario's, we can't get the whole chart on here, but basically this lists in descending order R-5, R-6, R-7, & R-8. Within those 12 zoning possibilities the four zones and single, double, and triple lot only four of them are even impacted by this change at all because the current parking standards are already equal to or greater than what we're suggesting. And, the ones that are affected are double lot and triple lot and R-5 and R-7. So, if you have a single lot in any of these zoning districts by the virtue of the open space requirements being increased you wouldn't be impacted whatsoever because the current parking standards already mandate the footprint of your building be a certain size and the open space requirements right now, as they list right now, are actually less. You just have additional space if that makes any sense. So, the change, what's impacted in the change is the double lot triple lot and that's what we're trying to impact because we're trying to say that the large triple lot building is inappropriate for a single family block. Let's keep those same units, but lets disperse them up, let's break them up, let's put them all over the neighborhood.

Mr. Camp: Generally speaking I agree with and the 14 neighborhood associations that support this, I guess I'm having some question on the large lot bonus and the reason I'm having a question is the historical nature and that is I think of a lot areas in the Capitol Environs and even down along 16th, 17th Street there's some fairly significant apartment buildings, I'm not sure how many units, probably 30, 40 units and so forth. Now, again those are sandwiched together, they don't have today's parking standards and with what Kent has said on the large lot bonus and the parking requirements we do have today, is there not some reason or rationale to still allow large units if they, if some person or some entity's able to accumulate that amount of land?

Mr. Carlson: There was a similar comment that came up in Planning Commission and I guess two answers to that: the existing properties, of course, wouldn't be affected because they would be grandfathered in. That's one reason REALM isn't in support of this.

Mr. Camp: Excuse me for interrupting, you said existing properties so say a developer or somebody goes out and buys four contiguous lots that would give a bonus that would still be applicable?

Mr. Seacrest: If the structure was there.

Mr. Camp: Oh, Ok, I'm sorry to interrupt.

Mr. Carlson: The historical building wouldn't be impacted by that, but the design standards, now this question came up at Planning Commission and Mr. Zimmer got up and spoke, the design standards look to the surrounding buildings for their standards so if you had a block that those higher type of buildings it would look to those buildings for it's height requirement. It wouldn't look to them for their open space, but for it's design standards. I know Mr. Hunzeker mentioned the issue of height and that you would have a squat building in with tall steely houses, well that wouldn't happen because it looks to the surrounding houses for it's height requirement. But, he also mentioned that there is flexibility within the planning designs within the historic designs for superior design. They have flexibility if the superior design is brought forward, it's given greater weight if it's in that kind of a historic district. But, of course you still need the parking, you know, to get the cars off the street.

Annette McRoy, Council Member: John, how would this impact affordable apartment housing? I think the Lincoln Board of Realtors said that this will impact the affordable housing. Do you think there will be any impact with this?

Mr. Carlson: They did say that. I'm not sure what their rationale is for that. Although I think one thing that occurred to me is over the year long process that we've been working on this and going around and

presenting it to neighborhoods is that we want to plan for higher density near the center of the City and a common tactic for affordable housing, historically and nationwide, has been to make great big apartment buildings, as Murray referred to them as human warehouses, that's a little drastic just to make the point, but I do think we want to make sure what we're not creating when we're creating affordable housing is projects. I think people have been down that road and that's not the road we want to go down. What we want to do is make that low and moderate income person have the same quality of housing available that everybody else does. Obviously, it's not going to be a mansion, but they deserve to have the same open space, the same opportunities as anybody else in the City. So, I think that just mandating the density doesn't get them that. I think that we need to do a little bit more as far as design, as far as open space requirements to make sure that they get that quality of life opportunity.

Mr. Fortenberry: First of all let me thank you both and congratulate you on all this hard work. I know you had the best interest of our community at heart and all the debate centers around the margins as to appropriate balance of what you're trying to do. But, do respond, please, to one suggestion that added previous testimony added regulation could result in higher cost that discourages what we're looking for, obviously reinvestment in the older core of the community. And, then is there any statistic or comparable study that could be cited that actually suggest the opposite that when you implement little stronger standards in this regard you may have rising property values in a more potential return on investment. Again, that might be subjective, you have significant experience in this area, you do as well Mr. Seacrest, but I'd like to hear your answer.

Mr. Carlson: I think that's basically the direction that my answers would take and there was some testimony at Planning Commission, that's in the meeting we had some actual realtors come down and testify in support of the change as opposed to the philosophical opposition that the Board of Realtors had as far as free market ideals which they'd be fully in support of. The realtors themselves, the people that actually the properties in the neighborhoods that have the hands on experience, came down and testified that what they found is that when the neighborhood is allowed to go down, when the quality of life is allowed to deteriorate, when there is inappropriate design it becomes harder for them to sell property in that neighborhood. Urban Development, as far as limiting investment opportunity in the neighborhood, I think that's thoroughly counted by the information provided by Urban Development Dept. I think we need to take a broader view of what constitutes investment in a neighborhood. It's not just appropriate new construction, which I'm not opposed to at all, but it's also rehabilitation of the existing housing stock. It's protection of those public areas. It's rebuilding of the infrastructure and so I think that we're striking an appropriate balance can develop those units plus develop them in the right way. A development (inaudible) we don't do exactly what you say which is end up driving property values down and actually creating a disinvestment by virtue of not having the quality that people look for when they buy, because you can build to your hearts content, but if nobody wants to buy it it doesn't do any good.

Mr. Seacrest: There's a planning principle and it sounds weird, but it's called negative reciprocal advantages. Now, let me just say negative. Usually we think of regulations as negative. Reciprocal means it applies to you and I and all our neighbors. Advantages is when those regulations are well done because then we have certainty. We know that our neighbors aren't going to build slip ins that put the back, you know, the front a blank walls up against us. And when we know they can't do that and they know they've got to put a pitched roof here or there, they've got to put a window every once in a while up front then I know you know, we all know that our property values going to be equal or higher. That's why you've got 14 neighborhoods on board, because they are realizing this is going to help protect property values and it's a reciprocal advantage. So, regulations aren't bad, it's when there's bad regulations that they're bad.

Mr. Fortenberry: That doesn't happen around here (chuckle).

Ms. Seng: Thank you very much.

Mr. Carlson: Could we recognize the folks that came down that didn't come up to speak? Are there folks that would stand up please and indicate ...

Ms. Seng: Wave your hands if you're standing up or ...

Mr. Carlson: The last thing I would draw your attention to the unanimous recommendation of the Planning Commission and the letters or support in the packet. Thank you very much.

Mr. Camp: John, could you get me a copy of that chart in the next day or so?

Mr. Carlson: You bet and it's in the packet. Page 8.
This matter was taken under advisement.

APPROVING A LEASE AGREEMENT BETWEEN THE CITY AND NEBRASKA GOLF & TURF, INC., AND NEBRASKA NATIONAL BANK FOR THE LEASE OF 225 GOLF CARS AND TEN UTILITY VEHICLES FOR USE BY THE CITY PARKS AND RECREATION GOLF DIVISION FOR A FOUR-YEAR PERIOD. (ON 3RD READING) - Steve Hiller, Parks and Recreation Dept. : Here to answer any questions you may have regarding this lease agreement.

This matter was taken under advisement.

APPROVING LEASE AGREEMENTS WITH NEXTEL WIP LEASE CORPORATION TO ALLOW FOR THE PLACEMENT OF TELECOMMUNICATION FIXTURES ON THE CITY'S WATER TOWER ON PROPERTY AT 56TH AND PINE LAKE ROAD AND AT N.W. 56TH AND W. SUPERIOR STREETS - Ken Weber, no address given: I'm an independent consultant with the telecommunications industry. I'm here tonight representing Nextel Partners, Inc. 14234 U Street, Omaha, Nebraska. The proposal before you today has followed quite a process. We've been involved with the City since early last summer in determining the process and then also the mechanism for locating on City facilities. First of all I'd like to express our appreciation to the City Attorney's Dept. and also Planning Dept. for their support on behalf of this project. The proposals are to locate on the two water towers. The first one is out at the Air Park. The facilities will be located on the side of the tower. They'll be painted to match the checkerboard red and white of the tower. The other facility is down in southeast Lincoln. That will also be painted to match, but it will be hidden behind screening at the top of the water tower. So, the antennae's themselves will not be visible. The proposal before you tonight is a temporary solution to last approximately only for a one year period while the City considers their options for a permanent solution whether to leave the fixtures attached to the tank or to go with a stand alone structure which would provide, eliminate the concerns of the Water Dept. having to maintenance of the tanks and also provide access for additional carriers since there would be limited space on each tank structure. We have been before the Urban Design committee, we gained their approval and so we're here tonight requesting your approval of this proposal. We're also asking for the third hearing tonight and requesting a vote on this proposal tonight. My client is involved currently in launching their nationwide network and they'd like to make Lincoln a part of that nationwide launch which is upcoming very quickly. Thank you. I'm here to address any questions.

Ms. Seng: We had a pre-Council on this so we're fairly well ...

Doug Ostergard, 238 Parkside Lane: I just have a quick question, I guess it's for public record what the rent for tower space would on that system, those two systems?

Ms. McRoy: \$18,000.

Ms. Seng: We'll let him answer that for you, but I ...

Mr. Ostergard: I guess, let me just close then with saying, stating that the company I currently work for is currently in negotiation for a water tower in Omaha getting \$1400 a month rent. So, there is money to be made off that.

Ms. Seng: I think our information shows us that it's about \$18,000 a year. So, is that correct?

Mr. Camp: This is better than Omaha.

Ms. Seng: Better than Omaha's getting.

City Clerk: I'd entertain a motion to his request that it also have 3rd reading this evening.

Mr. Camp: So moved.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

This matter was taken under advisement.

TOOK BREAK 8:03 P.M.

RECONVENED 8:15 P.M.

APPOINTING MARY KYCKELHAHN, LEONARD SMITH, BARRY MOORE, AND BONNIE ARMSTRONG, TO THE LINCOLN-LANCASTER COUNTY COMMISSION ON AGING ADVISORY BOARD FOR TERMS EXPIRING ON JULY 1, 2000, AND APPOINTING SHERYL **JORDAN** FOR A TERM EXPIRING JULY 1, 2001 - Jon Camp: Correct resolution where it reads Area Advisory Board to read Aging Advisory Board.

This matter was taken under advisement.

SPECIAL PERMIT 1794 - APPLICATION OF SPRINT PCS TO CONSTRUCT AN 85 FOOT MONOPOLE

WIRELESS TELECOMMUNICATIONS TOWER AND ASSOCIATED EQUIPMENT ON PROPERTY
GENERALLY LOCATED AT 445 "A" STREET, WITH A WAIVER OF THE FALL ZONE AND
LANDSCAPING REQUIREMENTS;

SPECIAL PERMIT 1827 - APPLICATION OF SPRINT PCS TO CONSTRUCT A 105 FOOT MONOPOLE
WIRELESS TELECOMMUNICATIONS TOWER AND ASSOCIATED EQUIPMENT ON PROPERTY
GENERALLY LOCATED AT N. 14TH ST. AND SAUNDERS AVE. WITH A WAIVER OF THE
FALL ZONE AND LANDSCAPING REQUIREMENTS - John Hertzler, 28 N 115th St.,
Omaha, NE: On behalf of Sprint PCS. On the first site Sprint is
requesting, of course, proposing a communications facility, wireless
communications facility. The primary issue here of course is a request
for the waiver of the landscaping requirement and through that approval of
our special permit. I'd like to, of course, address the landscaping
requirement specifically, but I would just take a moment to go through
some of the history of this particular site. This site was the first site
to be before the Planning Commission after the passage of the new wireless
ordinance. At that time we were informed that we would, that our
application was incomplete. It did not meet the requirements of the new
ordinance so we'd have to go back and reapply. We did that. We went
back, we gathered significant more information, we took into account
various staff concerns, we looked at all the possible locations and design
opportunities, presented this to the staff through a new application. The
result was a positive recommendation both from the Planning Staff and
from the Planning Commission. We feel that's no fluke. We feel by giving
this information to the Staff and to the Planning Commission that it is a
testament that we truly are at the best possible location and the best
possible design. We feel, basically, that the new ordinances worked. The
design is to force us to go to the best possible location. We feel that's
exactly what we have done and the positive recommendations that we have
received prove that. This site will be an 85' monopole structure. In
order to address co-locations concerns of the new ordinance the pole could
be added on to at a later time to accommodate a future carrier. This site
is in a heavily industrial area, however, the one draw back is, of course,
that we are asking for a waiver of the landscaping requirement. Practical
reasons for this; the compound sits on two property lines so as to address
concerns of the landowner. We of course cannot locate landscaping on
those sides. The other sides are on the parent parcel. Simply stated the
soil here is not good. It's gravel, rocky. The Planning Dept. suggested
we not even try to locate trees here. So that's what we've done. The
result is that given the character of the neighborhood any landscaping is
not really required. The sites that face other properties they are also
heavily industrial properties. The view, there will be no significant
adverse visual impacts from those properties. The other properties in the
area will have buffering both from the parent parcel and from structures
that are on the parent parcel, trucks, vans, heavy equipment, existing
buildings. In addition we will be locating two new trees on the A St.
right-of-way. Of course, the primary concern here is a view from A
Street. We feel these new trees make a lot more sense than trying to
locate trees immediately adjacent to the compound. They will screen A
Street further from the compound and eventually from the whole structure
itself. Because the two were called together I guess I'll go ahead and
speak on our second site as well. This was the second site to be before
the Planning Commission. Again, we reapplied significant more
information. Again, we feel the ordinance worked. Pushed us to the best
possible site and made us prove that it's the best possible site. What
drove us to this site was not only the industrial character of the area,
but the fact that there's an existing radio antennae here. We'll be
removing that and replacing the equipment on our own tower. Again, the
only problem is we'll not be able to meet the requirements of this zoning
ordinance. We are in a very tight area. We've had to significantly
reduce the size of our compound. Again, the compound will be surrounded
by an opaque wooden fence. There are buildings immediately surrounding the
compound and the one place that the compound will be able to be viewed
from Saunders Ave. we will be locating a couple of trees there so as to
mitigate any adverse visual affects. We would request a waiver of the
landscaping requirement and approval of our special permit.

Mr. Cook: Regarding the location as 445 A Street there's been the
discussion of the trees being planted and how the view will be from A St.,
but we're going to have an overpass at some point here and people will be
driving up over the current site and how will it appear in that case and
how would be screen it from those people who would be on the overpass?

Jennifer Dam, Planning Dept.: I think it would be very difficult to
provide screening as you look down into the compound from an overpass.
It's an industrial district. There's a lumber yard there. There are a
lot of other types of materials in that area that would be similar to the

equipment that you would find in a base cabinet that aren't being screened from the overpass that you would have a similar view of. The landscaping requirement is designed to screen the base of the tower. In this particular location it would be difficult to screen that base of the tower whether you were at grade or on an overpass. This location was moved back so that it was out of the way of the overpass. The original site conflicted with the overpass. One of the options went right through where the proposed site was. It's located back behind a couple of buildings that do provide screening, some screening from the base and then there providing a couple additional street trees. So, I guess as your driving on the overpass you will be able to look down, you'll be able to see in there other tall structures and poles in the area so I don't know that it will significantly detract from the area.

Mr. Cook: These street trees will remain even after the overpass is built or we don't know yet because the ...

Ms. Dam: I don't know Jonathan. I haven't seen the design plans or I don't know if the specific option has been picked for the overpass. All I can do is deal with what was existing at the time. We sent this application to the Public Works Dept. and the Urban Development Dept. for review. The applicant worked with Olsson Assoc. who was consultant on the overpass. The Public Works Dept. indicated that the site was acceptable based on the overpass if it stays within the lease area. We didn't receive any comments back from the Urban Development Dept. so all I can assume is that it was to their satisfaction as well.

Mr. Cook: I guess I'd like to consider what will be the case when the overpass is in place and if we're going to put in trees now, and I appreciate Sprints willingness to do that, but if we're going to end up having to remove trees only to put in other trees with public money I wonder if there should be some consideration of future location of trees near the overpass and that maybe planting in this particular spot isn't the best thing right now. If there would be a delay on that maybe we should be waiting and we should take Sprint up on their offer to plant trees after the overpass is in place and we see where they really can go permanently. Is that ...?

Ms. Dam: I'd be happy to make it flexible. Can we? Flexible like that. We suggested the type and the location from the Parks Dept. I don't know how we would amend this. Can we make it flexible so that a bond is for the trees to be located once the overpass is in place or do we need a set location for the trees shown on the site plan today?

Dana Roper, City Attorney: (inaudible) flexibility (inaudible) need to be more specific.

Ms. Seng: We'll let you all talk about that until it's time for us to vote. I want to ask though on both of these Planning Staff recommended approval as well as Planning Commission?

Ms. Dam: Yes, Staff recommended approval to both of these. There both in what would be considered preferred location sites under the new ordinance. They're both industrial areas. 4th and A Street is closer to residential, but it does provide co-location opportunities in given the other uses of the area and the inability to co-locate with the grain elevator, the cement elevator or on other sites than that immediate vicinity to moving it further south. This was an acceptable location.

Ms. Seng: Is that OK to wait until the voting time?

Mr. Camp: Yes that's fine.

This matter was taken under advisement.

WAIVING THE DESIGN STANDARD CONDITIONS FOR THE INSTALLATION OF SIDEWALKS AND STREET TREES ALONG W. ADAMS STREET AND THE COMMUNITY WATER AND WASTEWATER SYSTEM REQUIREMENTS FOR THE ADMINISTRATIVE FINAL PLAT OF WEST HAVEN ADDITION ON PROPERTY GENERALLY LOCATED ON THE NORTH SIDE OF W. ADAMS STREET BETWEEN 1/4 AND 1/2 MILE WEST OF N.W. 56TH STREET - Ms. McRoy: I have a question for Planning. Yes, at such time this development becomes more intense can we go back and require the sidewalks be put in?

Rick Houck, Planning Dept.: It is likely when this area would be annexed into the City and developed at a higher density sidewalks would be required.

Ms. McRoy: Fully required at a later date?

Mr. Houck: At a later date.

Ms. McRoy: Because it is a half mile east of the Arnold Heights school. I know some of those areas where we waived sidewalks, now that they've developed it there's young families there with lots of children who are walking, who have no where to walk on the sidewalks. That concerns me. I was out there in the area West 56th, Northwest 56th last week and that was one of the concerns residents brought up. So, I want to make sure that as we, I'm OK with waiving the sidewalks today, but in the

future as that development takes place and more intense housing in C.U.P.'s or plan that we can go back and say it's time to put sidewalks in because it's more feasible.

Mr. Houck: With this location we compare this to the Heartland Homes Developments out along West South St. where we waived the sidewalk requirement initially until the new elementary school was built then the sidewalks were put in at that time. This would be the same sort of situation. If this here were developed as non-street density, 5,000, 6,000 square feet per lot with a number of lots in there we would require through the subdivision process that the sidewalks be bonded and placed and put in. At this time it's next to impossible to put sidewalks in this location. The ditch is quite deep and the ground is quite steep in places. We couldn't get a sidewalk in there at this time.

Ms. McRoy: But later on we can ...

Mr. Houck: At a later date, yes.

Ms. McRoy: Thank you.

This matter was taken under advisement.

APPROVING AND SUPPORTING THE REPORT AND RECOMMENDATIONS OF THE LANCASTER COUNTY MEDICAL SOCIETY CONTAINED IN THE DOCUMENT ENTITLED "INDEPENDENT MEDICAL OVERSIGHT FOR PRE-HOSPITAL MEDICAL CARE" WHICH RECOMMENDS AN EMERGENCY AND NON-EMERGENCY MEDICAL SYSTEM FOR THE CITY - Dr. Les Spry, no address given: I am the past president of the Lancaster County Medical Society and I'm here to speak in support, general support of the concept of the resolution. The reason that I'd like to spend some time here tonight is to talk about why our resolution was promulgated and why the physician community feels so strongly about this. And, I can't emphasize that enough that the physician community feels extremely, strongly about this particular issue probably more so than we've ever felt on any occasion for any reason. And, it's because this has been a developing process over the course of a long period of time. The Lancaster Medical Society first became interested in emergency medical care 51 years ago in 1949. And, so our commitment to emergency medical care is not as of yesterday. It is long standing. The evolution that has occurred in today's health care has forced us to make some choices about the kinds of practice that we all undertake. I can no longer go to medical school, hang out a shingle, and practice all sorts of medicines out there without somebody's oversight. It won't happen, it can't happen. In today's economic world we have more people looking over our shoulders than you can imagine. We have the government looking over our shoulders, we have insurance individuals looking over our shoulder, we have governmental entities in the form of license oversight, we have drug enforcement administration, we have a number of different agencies overlooking our practice today. And, it's a fact of life. So, that in today's health care competence is essential. Training is the first part, it's the first step in any activity, but competence is the core to what we talk about. And, so the days of hanging a shingle out on the corner, and undertaking the general practice of medicine doesn't exist anymore. You can't find that kind of practitioner that will go out and deliver babies, who will go out and perform surgery, who will provide general medical care because it doesn't exist. The public has demanded that sophisticated medical care be provided to them. This is a demand. The process by which medical care is delivered to the United States, it is in a state of evolution. And, so that my hospital, any of the hospitals that I work in right now, if I wanted to undertake something for which I was not competent I would be barred from doing so and I would be subject to oversight for that competence. The second point I would to make is that no physicians in our community has come forward to oppose our plan. There has not been one single complaint filed with the medical society. We have publicized to, we represent over 94% of the physicians in the Lancaster County area and we have had 0 come forward to oppose our plan. Physicians generally understand what we're trying to do here. They understand the concept of a quick response team which provides basic life support that has to be delivered within 4 minutes. That's the standard of the American Heart Assn. (inaudible) life support within 4 minutes and we fully support that and we understand that. That's core to our proposal is that somebody get there very fast to take care of. If you're down in the street you want somebody there very fast to evaluate the situation, to extricate the individual, to make the area safe for other individuals to come and we believe that the Fire Dept. currently fulfills that job in spades. We feel that, that we have no complaints of the way in which the Fire Dept. is currently delivering that most important function. We feel that they will save the majority of the lives that are to be saved out there. The Fire Dept. will do that. We have no qualms about that. They will get there quick, they will perform their function, and they will

stabilize the situation. The second force, however, that all physicians understand is that anymore sophisticated care, that advanced life support requires specialization and requires competence. That's not something you can learn in a teaching module or on a mannequin. And, so that our concept of the transport team to provide advanced life support with 8 minutes is the way in which we maintain competence and it's core to our recommendation. Experience in the field equals competence. You can't teach that. I was trained to deliver babies and you don't want me out there delivering babies right now. I do dialysis and transplant right now. I'm certainly competent to do that, but you don't want me in delivery. Labor and delivery I run the other way. So, as I've said before cardiac surgery is not done in Denton, OK? The reason for that is that there has to be a fair amount of sophistication here. Oversight over sight is a fact of life in the medical process today. It needs to be a medical process and it should be unimpassioned by the political process. Politics work best to empower the people and express their will, but in a complex manner such as this I'm going to ask the community to trust the overwhelming majority of the medical community in saying that this (inaudible) that we have put forth from the Lancaster Medical Society is good medicine. Medical decisions should be made by medical people and we applaud you for making the political decisions.

Mr. Camp: Dr. Spry, just to have our testimony tonight on the same wave length, when you talk about independent medical oversight can you define that?

Dr. Spry: We believe that independent medical oversight should be just that. It should be just that. It should be unencumbered by the political process. It should be subject to the best paradigms that can be devised. We in the Lancaster Medical Society have put forward a proposal that includes a community organization under the umbrella of the Lancaster Medical Society much the same as the Blood Bank is under the umbrella of the Lancaster Medical Society. We believe that the blood bank has been a good value for the Lancaster County area. We also believe that an independent medical oversight organization, if you will, or a corporation, under the auspice of the Lancaster County Medical Society will provide unencumbered, unimpassioned oversight of medical processes that occur in the delivery of medical, emergency medical care. So, what we would foresee is a organization that takes its current direction from our medical direction board so that at the present time the structure would not change much from current structure which includes Emergency Medical Services, Inc. overseeing the delivery of emergency medical care. We would, however, bring that organization closer to our organization in structure, not in a legal sense of the term, in other words it'll be an independent organization, but we would reserve the right through our medical directions board to dictate to our organization to carry out our policies. And, then the policies of that organization would then be brought to bear on the providers of that emergency medical care. The transport providers, the first response providers, the providers in the community that actually deliver the care so that we can review that care on a continuing basis unencumbered by concerns about budget, by concerns about political will, by concerns about, frankly unencumbered by the current situation which has become so super heated so as that we can't get our job done. We are concerned right now that given the current political heat that the job might not get done like it needs to be done and like we strongly feel it needs to be done unless it becomes less encumbered in the political process. Thank you.

Dr. Charles Gregorius: I'm here in favor of this resolution before you tonight and I'd first like to say that I've been in the city for 22 years and shortly after arriving here I was asked if I would take part in the teaching of paramedics and EMT's and airway management. And, I said, "sure I'll do that". I didn't make any distinction about who paid their salaries and I still don't. Two work days back I had firemen in my operating room for seven hours. I'd like to assure all those here present including the City Council that regardless of what you do I will continue to treat our emergency medical personnel in airway management. I do that for a very selfish reason. I figure if I live long enough someday they're going to be called to my house and I don't want them to be adequate I want them to be damn good. That applies to everything they do. I'm not anti anybody as I've been recently called. I am pro-patient. I'm against things that interfere with health. I'm against smoking. I'm against anybody who might try to repeal the helmet law so you might say I'm anti-abate. I like motorcyclist. So I'm not opposed to anybody, but I am opposed to those things which might interfere with the health of our patients and your constituents. What I would specifically address are the standards that we have talked about coming from the medical community and

that have been in place and which have been met over the years here in the Lincoln community. We've heard Chief Spadt saying on TV and in the Press, he's in favor of standards. He's in favor of Independent Medical Oversight, but with regard to standards, there are standards and then there are standards. There are standards that allow you to be certified by the State and by the National Board to be a paramedic. And, there are standards in this community which allow you to provide paramedic care to people out on the street. Those standards are considerably different. Our standards in the City of Lincoln are considerably higher than what it takes to be certified as a paramedic and the difference is not only the education, but the main difference as Dr. Spry has pointed out is experience. Ongoing experience. They might be questioned how did we come up with the numbers because it's also been suggested that we came up with the numbers in such a way that it excluded people purposely. Oh, yes we excluded people who weren't experienced. I'd like to very briefly tell you how we came up with the numbers. Besides teaching people in the operating room I've also been on the EMS Medical Advisory Board that helped put together these standards. You start with the amount of experience that is available in a community of 200 to 220,000 people. That's your base. Those are the people you're going to serve. Next you come up with a number of people that it's going to take and the number of station houses or depots or kick-off points. How many people and how many stations do you need to assure that you are going to get those paramedics to anybody in the City within an acceptable period of time. And, I might add there are no national standards except those set out by the American Heart Assn. which Dr. Spry has alluded to. But for a paramedic on the scene that's less than 8 minutes. The current system has been meeting that standard 90% of the time which is also the standard. So we have a given amount of experience and we have a given number of people, minimum number of people it takes to meet that standard to get people there in the appropriate amount of time. It becomes fairly simple then, you divide the number of people that you got, the number of people that it takes into the amount of experience and you sum up with a number of experiences, a number of on-sight contacts. That's where we came up with our numbers. Now you could put more people on the street then you reduce the numbers. Dr. Spry said as you reduce the experience you reduce the confidence. I can show you that statistic if someone asks me.

Cindy Johnson, Council Member: Show us.

Dr. Gregorius: I was beginning to wonder there. There aren't very many statistics that are as telling as this. Care if I talk back here?

Ms. Seng: There should be a mike right there in front of you.

Dr. Gregorius: Oh here this one?

Ms. Seng: Uh-huh.

Dr. Gregorius: What this shows is a bar graph obviously of the survival rate of patients who were resuscitated, that is they arrested someplace other than a hospital, in the mall, out jogging, gardening, in their home whatever. So, for example in 1985 11% of those who were resuscitated in the field survived. That is they walked out of the hospital. I'm going to divide this graph into three sections. Here, here, and these years here. Prior to 1989 we were running 11, 12% of an average. Even in a hospital if somebody arrests you've got about a 90 per cent about a 10, 11% chance of surviving if it's done in a hospital. So, this is pretty good. Something happened in 1989 right here. And, after that we were way above average. What happened? It was a new technology, the automated defibrillator. The things that are hanging on the walls at O'Hare that don't take a genius to run. Anybody in this City Council can run one if you can read three lines of instruction you're almost geniuses. But, with the advent of the automated defibrillator on every Fire truck and they ought to be on every Patrol car, too. One of the first things that happens or one of the most important things in getting to an arrest is defibrillation if it is needed and the machine tells you whether or not it's needed or not. It does it whether or not it's needed or not. So with the advent of one technology we saw a marked jump in our survival rate. Look what happened here. We were worse off than we were in the beginning. Now before I tell you what I think happened there I'm going to tell you what happened throughout this time period. We had better drugs developed. We had new technologies including those like automated defibrillators. We had better drug protocols, which drugs to use when. All these things taken into account should have seen, or caused a steady rise in our resuscitation rate in our survival rates. What happened? What happened right here? If you followed City politics I'll tell you what happened, I should say if you didn't follow City politics in 1993-94 we got about 50 new paramedic in town. The Fire Dept. was allowed to have paramedics and the experience went from being spread from 18 paramedics to

70. The experience wasn't halved, it wasn't thirded it was almost down to one fourth of what it was before. The number of people out there didn't get any bigger, but the number of people providing it did. With experience things have not recovered since then. We still got better drugs, we still got better technology, but we don't have better survival rates. If somebody in the room can come up with something, another explanation that occurred in that year and at that time and as persistent I'll be happy to listen to it. I will be more than happy to listen to it.

Mr. Camp: (inaudible) has there been in that 10 or 15 year period?

Dr. Gregorius: The total numbers? I can't give you that. I'm sorry that I don't have that, but I can give 1998 as an example. In 1998 there were 161 resuscitations in the field. Consider 10, 11% of those survived. Consider how many more would have survived if we had been saving 16% and this has been going on for four years. How much longer is it going to go on. You have three things to think about: You have what's best for the citizens of Lincoln, all the citizens of Lincoln; you have the economics involved, you cannot avoid that. You have to think about that; and you have the politics that's involved. Your own personal politics. I would submit to you, I would hope that you consider what's best for people first. Economics because you have to. If you put your own personal politics ahead and make that number one I'm afraid that patients are going to come in last and some of them are going to come in dead last and that is an intentional pun.

Dr. Chris Caudill, no address given: I'm a member of the Lancaster County Medical Society, but I'm before you this evening as a member of the Lincoln Lancaster County Board of Health. I suspect that you all saw the memorandum that was mailed to you by Mary Helen Elliot. I would like to read that into the record if I might. Ordinarily the President would do so, but inexplicably she didn't survive the cut. At the April 11, 2000 meeting of the Lincoln Lancaster County Board of Health the following motion was approved and I will add unanimously. The Lincoln Lancaster Board of Health voted to support the Lancaster County Medical Society's proposal which is the resolution before you this evening. To develop an independent medical oversight organization which will participate in the emergency medical services system in our community as it conforms to the concepts and recommendations approved by the Lincoln Lancaster County Board of Health in it's motion of July 13, 1999 regarding emergency medical services. Thank you.

Mr. Fortenberry: Dr. Caudill, would you review that resolution that was passed last summer that you're referencing.

Dr. Caudill: I don't have the resolution per se, Mr. Fortenberry, but basically it supported the concepts of independent medical oversight and the independent determination of standards and the enforcement of those standards.

Mr. Fortenberry: What precipitated that resolution then?

Dr. Caudill: The EMS situation was developing and the Lancaster County Medical Society took the opportunity to make a presentation before the Board of Health at one of it's regular meetings. They were invited to do so. The Lincoln Lancaster Board of Health believes that this is, in fact, a health issue which affects the citizens throughout the City and the County and that we, in fact, do have a responsibility to participate and make our feelings known on that issue.

Dick Pfeifer, no address given: I'm here to support the recommendations by the Lancaster County Medical Society. The other main interest is to encourage all Council Members to keep politics out of this and keep the citizens number one. I've had a couple open heart surgeries, unless I get hit by a Mack truck I've a pretty good idea what my makers going to say to me somewhere down the line. And, as Dr. Gregorian, Gregorian? Gregorius?

Ms. Seng: Gregorius.

Mr. Pfeifer: Gregorius, pretty name, said I don't want to dilute my opportunities or anyone else's opportunities. If I did so I'd be a fool and I also am forced to think about the economic factors. I don't want to get rid of provider that pays it's taxes and instead hire on a provider that we're going to pay a hell of a lot more taxes for. It doesn't make any sense. So, let's keep the politics out of it. Let's think of the people first and the budget second. Thank you. Any questions?

Mr. Cook: I just want to ask a question of Paul. The Resolution that was just passed out is this one from Lancaster County Medical Society, do we still have a copy of the Resolution that the Lincoln Lancaster County Health Dept. passed in July?

Ms. Seng: This is something else.

Ms. Johnson: Do you want to see that Jon?

Mr. Cook: I would, yes.

Ms. Johnson: OK, where's Dr. Caudill? Dr. Caudill could you make a point of getting that and getting it transported to all of us?

Dr. Rob Rhodes, no address given: I'm a board certified family physician here in Lincoln. I appreciate the opportunity to talk to you tonight. My point tonight is one of family care, I'm a family physician. I take care of everyone kind of from beginning to the end and I enjoy my job. I enjoy Lincoln. And ultimately I'd like to speak towards patient care which as behind me, I'd like to point out, erase the names behind or initials and we have paramedics, firefighters, physicians, and concerned citizens. But, ultimately if you look at all those faces, I think it was commented earlier, we're all potential patients. I've witnessed this in my practice where Rural Metro's came and taken a patient of mine that couldn't breathe to the hospital. I've gone out and actually road with the firefighters and respect them for what they provide. But, ultimately as a patient care advocate I'd like to say long-term wise is what I'm concerned about. It's not necessarily what I'm doing today, but what may happen 20 years from now. And, ultimately, I think that's why we're all here. So many things that we do are volunteer work. Lot of physicians have put in a lot of volunteer time for their patients as well as volunteer time on this issue. I also serve on the Lancaster County Medical Society Board of Directors and I'm president elect for October and I feel that the volunteer work that these physicians have put forward with the recommendations should be considered. Hopefully, if I'm a patient I want physicians making good decisions. I want people in the field that are adequately trained, and I think the system we have in place is excellent. I think there's room for improvement overall. I commend you to consider those patient care issues. Ultimately, the Fire Dept. and Rural Metro have done a good job, but also, ultimately I'd like you to consider the resolution because it does take that opportunity for our patients to be heard through the voice of physicians. Thank you. I'd be happy to answer your questions.

Mr. Camp: Dr. Rhodes?

Dr. Rhodes: Yes.

Mr. Camp: You mentioned that various professionals paramedics, firefighters, physicians and then, I guess ultimately, patients, when you and some of the other testifiers have talked about politics and you've talked about the patient care and then I guess, I'm weighing that versus the experience that I hear you saying, at this point as you may know the City of Lincoln has put out a RFI, request for information, for possible providers for the ambulance certificate which is something of a part of the process, but as far as independent oversight, that doesn't necessarily mean firefighter, the Fire Dept. can't do that. I guess what you're saying is the standards, but that doesn't negate the fact the Fire Dept. could carry those out does it?

Dr. Rhodes: In my opinion, I hope that as a medical society and as a community we support whichever company or XYZ, for example, provides that.

Mr. Camp: Separate entity, yeah.

Dr. Rhodes: And as a member of that Board I would whole heartedly support the company that receives that. If it's the Fire Dept. I hope that we can train them and maintain their standards, re-certification, but ultimately still provide that care to our patients in the community. From home through first response, to transport to the hospital and then back home. But, yes I think that we could support that.

Mr. Camp: On the standards that have been promulgated how many paramedics does the City of Lincoln need?

Dr. Rhodes: That's a question I guess I'd like to wait to see how Dr. Noble addresses the studies which show that. I'm not at liberty to speak to that.

Dr. Dan Noble, no address given: I'm a spine surgeon here in Lincoln. I'm also the president of the Lancaster County Medical Society. Tonight, I believe, you as Council Members have the opportunity to save lives in the City and County. You don't need to be an EMT or paramedic, you simply need to consider the resolution before you. To assure the citizens of Lincoln Lancaster County access to a premier, pre-hospital emergency medical care system we must have a system designed with patient care standards at it's core and mechanisms to maintain those standard. The mechanisms to maintain those standards is independent medical oversight. The oversight, as one would think under optimal conditions would be administered independent of the providers of the EMS system. By providers we mean those entities that provide the response and transport for the 911 calls. Independent medical oversight is what brings the medical community to this Council meeting tonight. You've heard from a variety of physicians on this issue. Sometime ago it became evident to

the medical community that the current independent medical oversight agency EMS Inc. would not be asked to continue in their oversight role and this despite the Mayor's Task Force recommendations that they're doing a professional adequate job. The Lancaster County Medical Society, after much research, deliberation, and lots of debate as well as faring to the standards of care might be in jeopardy have brought forward the proposal to the Mayor and the Council for independent medical oversight for pre-hospital emergency medical care. And that's the proposal being considered tonight. In the proposal we've outlined a structure for such an oversight agency including composition the agencies Board or Directors making it nonpolitical as possible, the management structure as well as the purpose, the agency, and fiscal responsibility. Now, there have been many misrepresentation for as I think myths have surfaced regarding EMS is in a role that physicians, County plays and assuring citizens that they have quality pre-hospital response systems. And, that number one is that the Medical Society has favored a provider for the ambulance service. That is not a fact at all. The Medical Society does not have a vested interest in this. We don't have a vested interest in being here tonight except that as advocate for our patients. The only concern we have is that who ever is called to an emergency is experienced as well as proficient in the care that is being delivered. Another myth is that the Medical Society is trying to eliminate firefighter/paramedics by raising unobtainable standards of care. We're only interested in that the paramedics whoever they might be can maintain those standards so that we can increase that survivability graph which you just saw by Dr. Gregorius. And, these area standards to protect every citizen including everyone in this room. Now, the only thing is that we have something to gain by our involvement in this. There have been countless numbers of nights and phone calls and meetings that we have been involved with trying to put together a proposal that will work for the City and the patients of Lincoln as well as Lancaster County. And, the Medical Directions Board as well as the Board of Directors of the Medical Society serve with no remuneration and we try to do our very best for the City and our patients. Now, earlier there was a question about the resolution. The resolution that came forth tonight that you all have before you from the City Council, I must point out that although your resolution says whereas the Lincoln City Council supports the report recommendation of the Lancaster County Medical Society contained in the document "Independent Medical Oversight" the A, B, C, and D portions are somewhat different than what we have put forth in the resolution that was approved by the medical society for Bryan LGH Medical Center, St. Elizabeth Medical Center, Madonna Rehabilitation Hospital, Tabitha Health Care System as well as the County Board of Health, also the strong support given by the Journal Star in their editorial. I urge you to look at those differences. The first two A and B really cover approximately the same issues, but I think that some of the wording in C and D or our numbers 3 and 4 need to be considered and reconciled. So, I think if you can take a look at that I think you can see the differences there. Now, there has been some question about the optimal number of paramedics and that's been brought up and by the survivability statistics you can see that's actually decreased as we increased the number of paramedics. Therefore, what we're really looking for is the right number of paramedics, not no specific number. Although, based on the number of experiences in the community ALS encounters, patient encounters that can be worked out. There are some new statistics getting ready to be brought forth by EMS Inc. And currently in looking at the last 6 months of the actual encounters, patient encounters, ACLS encounters only 31% of the current paramedics are going to meet the ALS Interaction Standards for the past six months. 31%. 36 paramedics in this City are without a single endotracheal intubation, which means putting the tube down the throat. 19 more paramedics with only one intubation in five months. And, I think is something that we really need to consider carefully. Do you want somebody who hasn't done this in six months? And, is that reflective of the data that Dr. Gregorius gave you the fact that we have too many with too little experience. So, that's why we think standards are important. I think that why we consider that without an active medical directions board watching over this that we're going to see some further problems and no real change.

Ms. McRoy: Dr. Noble, in light of what you said and what the previous speaker said with the chart about where we are at patient care and the standards are now and looking at the chart and thinking for the last few minutes what you say scares me about the patient care here in Lincoln and that's my first concern. It should be all of our concern which leads me to if things have been going downhill for the last few years then how come this hasn't been brought up before now if we have, you

know, how come we haven't changed the standards to reflect ...?

Dr. Noble: We have been fighting for standards for a long time. The standards were just implemented in November of 1999. This is the first six month period where we've actually said, "listen we've looked at these numbers before and said we've got to change things. How do we change those?" We have to change them with standards and the standards we have put forth are very strong and it'll require maybe a fewer number of paramedics but you want the paramedics to get there who can do the job. Now, the first response team can do a great job, but if you have a paramedic there on every call who hasn't done an intubation in six months our statistics are going to get even worse. And, not only as a physician, but as a husband and as a son, and as someone who takes care of literally thousands of patients in this community I'm really, I'm just as concerned as you are about this and that's why as Dr. Spry said this is really the highest priority item the Medical Society has seen in years and years and years and we're worried and we think you should be.

Ms. McRoy: Well I am worried, I'm just wondering why has this not come up before?

Dr. Noble: Because the standards haven't been monitoring. Now, what we're afraid we're doing is going to lose the independent medical oversight. And, I think, why do you have an auditor? (inaudible) than somebody who is looking within the City government or State government, corporations, auditors come in to do a job to be sure that the information being brought forth is accurate and that's what auditors do. They are the independent oversight for whichever activity they're monitoring.

Mr. Fortenberry: Well, I think that probably needs a little bit of clarification, Dr. Noble, Council Member McRoy's statement, that is a frightening statistic and I'd seen that before, but it is asked of us why wasn't that considered previously in light of all of the other discussions taking place now about who will potentially provide these services in the future. This particular concern comes up and symbolically I think it's taken as an action that's meant to sway the political process about a decision for the future provider. I don't think that's what you intend. But, I think it is important to give us a history as to the last four years of statistics have been building and yet the current standards are just now being implemented. I, explain that a little bit further in more detail. It's an important point.

Dr. Noble: I can give, I can give you as much knowledge as I have on it. There may be other physicians who have been involved with the process longer than I who might come forward again to help with that, but ...

Mr. Fortenberry: Because I don't want you, I don't want that discussion to be any part of the broader discussion that's going on right now regarding who would potentially be a provider. It's different. It's separate.

Dr. Noble: Well, that's what ...

Mr. Fortenberry: And, that concerns me. I don't want to get caught up into that. I think we need to be objective here and to look at facts and, but to note that history would help us do that.

Dr. Noble: We agree. We want to give you the most amount of information that you can have. That information has been available through EMS Inc. There have been problems between '94 and now. And, it's interesting to me why suddenly as these statistics start coming forth why there's been a rush to now change the situation to do away with EMS, Inc., to decrease funding for EMS, Inc. when they've been doing the job. Now, they've had these statistics, I don't know who's been inquiring of those up until now, but I got involved in this issue last May. Those statistics that I just, you know, that we've just been discussing have only come forth to my knowledge in the last three to six month. Now, there is somebody who can discuss that with you from EMS, Inc. and they can tell you how long those have been around. I can't tell you specifically, but that, that's, you know, that's our reason for wanting to maintain the independent medical oversight as well as the standards.

Mr. Fortenberry: Well, whoever can follow-up on that, I think that would be helpful to us. I did want to follow-up, assuming you're speaking as a primary proponent for this Resolution on behalf of the Medical Society,

Dr. Noble: Medical Society, yes.

Mr. Fortenberry: I'm a bit confused, Dana, maybe you could come forward and explain what we have before us. We have the actual Resolution that was introduced and now we've been handed the second resolution that has some differences.

Ms. Seng: This, this has not been placed on the floor yet.

Mr. Fortenberry: But, is there an intent to place this on the

floor?

Mr. Roper: Yes. What you were given at the open mike was a two page document and what you have in front of you tonight is the same two page document re-typed in our format with the independent medical oversight report attached to it. What the actual document of the Medical Society that was adopted is a one page document that has been handed out to you tonight. It actually takes off some of the ending portions of what you have in front of you. It's a shorter version of what you have in front of you and there are a couple of changes in C and D that the Medical Society is concerned with. And so, if you were desirous of putting on the floor what the Lancaster County Medical Society wants this Resolution would be what you'd want to put on.

Dr. Noble: Mr. Fortenberry, the reason I point out that difference between the wording before the Council on our Resolution is that our Board as well as the hospitals signed off on the wording with this Resolution so, you know, I have to be careful in supporting that's not exactly saying which would not coincide with our Boards ...

Mr. Fortenberry: There are distinctions, there are distinctions here so I appreciate that.

Mr. Camp: I have three fairly quick questions. First of all Dr. Noble you said on two occasions that the Medical Society feared EMS, Inc. was not going to be retained. Could you elaborate on that?

Dr. Noble: Well, basically, under other circumstances the Board Members of EMS, Inc. one the funding has been cut which is a way of restricting the Boards activities through the City. We have been told that EMS, Inc. is on the way out.

Mr. Camp: We being in the Medical Society?

Dr. Noble: Yes.

Mr. Camp: By whom?

Dr. Noble: Well, I really don't want to raise all the political, you know, I'm really here to talk about the independent oversight. I think that that information can be forthcoming under other circumstances. I really want to emphasis independent medical oversight as well the standards because I really don't want to get into the politics of this because that's that's politics why EMS, Inc. is going to go away. At least from all the information that's been put in front of me. The EMS Task Force said they've been doing a good job, they've been performing their function. I frankly, am wondering why this whole process had to take place in the time frame that it has taken place when you have a functioning system. Why are we coming up with an incomplete RFI? Why are we rushing to change providers? You know those are political issues, but we felt that we had to fight for the patients and for independent medical oversight as well as the standards regardless of who the provider is. And, that's really at the core of our arguments. The politics we'll leave to you all. I think everybody's aware of who's supporting this and who's not supporting this and I don't really want to get into that, but I think everybody on the Council understands that and that's why when Dr. Gregorius said earlier we just hope you think of the patients first. And take a look at that chart and see what can happen when standards decline or when you get too many paramedics no matter whose they are out there.

Mr. Camp: OK. Part B of my first question is does the Medical Society support EMS, Inc. continuing?

Dr. Noble: We feel they have been doing a very good job. We feel they have exercised their authority under the terms of their agreement with the City and that there's really no reason to dissolve that. But, facing the music we have to come up with another proposal that will preserve the things that we feel are important.

Mr. Camp: I'm not trying to put you on the spot I just want to say that every testifier tonight that says anything about that I'm going to ask if it, he or she supports or does not support EMS, Inc. and independent oversight so they're on notice. The second question is it's been alluded that the bar has been put higher in Lincoln for paramedics and I believe you and Dr. Caudill and some others talked about American, and Dr. Spry, early on the American Heart Assn. has certain response rates, the four minutes for basic life support, eight minutes generally for advanced life support. Why, correct me if I'm wrong, but as I understand this raising of the bar it's created some concerns by our Fire Dept. paramedics that they perform higher, perhaps certain bars higher than say Omaha or other places, and could you explain that? Are we doing something different? Is the Medical Direction Board and other promulgators of these standards doing something different or am I just missing something?

Dr. Noble: I believe the Medical Directions Board has looked at the number of ALS encounters in the City, the number of encounters that occur

on a yearly basis and said what's our bottom line with respect to amount of experience that you should have and should that experience include at least 24 contacts in six months. That's all. 24 contacts of advanced life support in six months. Should that include at least 12 IV placements in six months with a 70% proficiency. Is that not good medicine? And, should there not be at least four field intubations in six months and how is that obtainable based on the numbers. Is that not good medicine? Or two infield and two in-hospital intubations for six months on a live patient, not a plastic mannequin. And should you not have three eight hour airway management sessions with Dr. Gregorius or other anesthesiologists that provide that. Now, if that's raising the bar that's where I want to be for our patients and for the people in this community. That's not unreasonable. 12 IV placements in six months, I would have gone for higher.

Mr. Camp: And, I'm just asking questions. Let me ask you this, does the American Heart Assn. even have standards on this particular element? I know for example I'm a lawyer and so certain things are delegated to the State Bar Assn. as far as proficiency standards for attorneys, is something similar done rather than the national American Heart Assn. getting involved that the local medical societies need to determine and ...

Dr. Noble: There are standards, paramedic standards in the State.

Mr. Camp: I'm not trying to put you on the spot. This has been an important question that's been raised by our paramedics and I think our citizens need to understand what levels that you just identified or renumerated what you're requiring and I'm trying to distinguish between are we asking something that's unreasonable in Lancaster County?

Dr. Noble: There are 13 Specialists who sit on the Medical Directions Board who all have emergency care responsibilities and who the field, different fields of expertise. And, they have promulgated these standards, so if you have 13 different specialist providing you with these standards I think that that tells you that that group of Specialists feel that this is reasonable and obtainable. And, it is obtainable with the right number of paramedics. I don't think you can have 70 paramedics and get all of them to do four field incubations. There are just not that number of ALS contacts in Lincoln. There may be twenty years from now, if, Lincoln doubles in size, but there aren't that many now. What we want to avoid is somebody who hasn't done an incubation, you know, if you look back to what's going to be coming out and that 36 paramedics within six months didn't have a single intubation in six months that really concerns us.

Mr. Camp: My last question addresses an item in our Resolution versus what the Medical Society did on Item C and D, as I've read these. It appears in what we have before us is just says at an advanced support level on those two items, and this is generally speaking, whereas the Medical Society said that emergency non-med, non-emergency and innerfacility transport would be at the appropriate life support. Is that fair? So, it's appropriate versus advanced so this resolution says it has to be advanced all the time.

Dr. Noble: Right.

Mr. Camp: Medical Society say at the appropriate level which would allow BLS at a four minute quick response. It would allow BLS maybe for innercity, innerfacility transport where you may not need ...

Dr. Noble: At the appropriate level. I mean there's ..

Mr. Camp: And, pardon me for interrupting, and so I'm assuming that under your proposal and so forth that this independent oversight would establish the medical standards for those particular transports.

Dr. Noble: Well, when we say appropriate level of transport what we're talking about is being sure that you have the right crew there. In other words if somebody's awake and comfortable, but they had a fall or something there's no reason to have a paramedic there if it just involves basic life support and that has to do also with the priority dispatch arrangements that have recently been instituted as well.

Mr. Camp: So if I made a motion to change or amend ours to take out the word and advanced and change it to the appropriate that would make it substantially comply with the Medical Society?

Dr. Noble: Well, it's just that our Board signed off on this so I, it's hard for me to represent a different set of circumstances.

Darrell Stock, President of EMS, Inc.: I've been on the board the last six years. The intent was for me to come up much later, but Annette's very good question screams for an answer and I think it needs to be responded to before anybody else has many more presentation.

Ms. Johnson: Excuse me a second are the mike's working? I'm not hearing him as well as I've heard others.

Mr. Stock: Most people are grateful for that. (laughter) Is that better? OK. I'm glad. I usually I don't have trouble being heard. We have known as a board, probably since 1994, 1995 we had too many paramedics and we begged, practically begged the administration, the City, to allow us to certify fewer paramedics and we were told we could not because there had been a solution. And, so for the last number of years we have tried to with baling wire and duct tape and compromises and everything else try to put together a system that we thought or hoped would keep paramedics as competent as possible. Now, first of all the reason they haven't come up before is we have, obviously, two years ago we didn't have four years of statistics, OK? And, so you start talking about a couple of years and you go is this, you know, is this trend, is it temporary, what else, so you don't know. And, obviously statistics like this, if I can understate it probably are volatile. People do not want to hear statistics like this and we're not the most popular group in the community to begin with and delivering bad news without having the support of statistics would be, you know, pretty bad judgement. So, but obviously once we then had a four year experience with this thing, I guess basically as a board we just, we couldn't in good conscience do it any more and that's when along with the Medical Society you have, you have the standards you have today. We couldn't anymore let politics decide how, what the experience factor was going to be and the medical factor in the community. And, so you ask a great question there because I think a lot of us, I mean, I remember meeting in 1995 specifically asking the Mayor to allow us to have fewer paramedics and we were specifically told not to. So, that's the answer to your question and I hope, we think right now in good conscience we're on the right road, but you're also seeing the affects of the volatility of these kinds of statistics and what they mean as far as the deployment of resources.

Ms. Seng: Within the last month I was asked to come over to the Medical Society office and I met with Dr. Gregorius and Bill Griffin and Natalie and that is where I heard first of all that EMS the vote was dead. So I guess I kind of want to know from you do you think EMS is dead?

Mr. Stock: Well, Coleen you cut our budget dramatically last year.

Ms. Seng: That's right.

Mr. Stock: And so, living in the real world I tend to read, you know, hints. I took that as a hint because there was no cut in our bud, I mean it was not connected with any particular function. It was not connected to any particular thing we did it was just an across the board cut to our budget. And, if you're asking, I mean, I ask you are you going to fund us for another year? I don't know. I mean are, are, we're looking around saying, you know, are we going to be funded for another year? OK? So that's the reason I think there's a prevailing feeling that, that the agenda is to do away with EMS, Inc. I mean we know, as I alluded before, we are not very popular and there are a lot of people who would like to see us gone. After experiences like this I tell the Medical Society can you do it next week because we're, we're already to, you know, let this, let this cup pass. So, that's, I mean, I think that's the answer to your question is you gave, you sent us the message last year.

Ms. Seng: Well, that was the first I heard of it that day.

Mr. Stock: Thank you.

Dale Gruntorad, no address given: Not here as a doctor I'm a certified public accountant by trade. I was also asked to serve on the EMS Certificate Review Committee. In my background I'd been a member, had been a member of the Lincoln Medical Education Foundation for a good number of years. It's basically the family practice training program and you see grants go through here or assistance for domestic violence and other related items. And, I wanted to share with you a little bit tonight as a, as the evolution of EMS. How did it evolve? And, then gain an understanding of independence. Somebody spoke with reference to an auditor, yes I am trained as an auditor, I have somewhat of an understanding what independence is, but let me go back into how EMS evolved into the community, because it isn't something that happened recently. In 1970 Dr. Steve Carveth a Lincoln cardiologist, cardiovascular surgeon and others at Bryan Memorial Hospital interested in CPR for coverage at University of Nebraska football teams, er football games was interested in what was happening in crowds. The heart attacks, I guess some people drink too much and have some difficulties and a few other things, but out of that services were developed and found to be successful in savings lives. In October of 1973 the educational program started to develop this part of LMEF by Jay Upright the Executive Director. And, I might tell you this the certificate review team, if I can find everything in my minutes here, was comprised of J.W. Upright was Chairman, Ed Perry served on it, Joseph Guard, M.D., Darrell Stock, Joe

Seacrest er Jerry Shoecraft, City Council, myself, Gina Dunning from the Mayor's office. The part of EMS that I'm going to go through is the evolution of EMS because most people do not realize what Steve Carveth did for Lincoln Nebraska. Steve Carveth is CPR, is advanced life support. That is where it was founded. It was founded in the 70's with an interest in the community and individuals and other doctors serving the communities. The advanced trauma life support, of course, was a part of the programs of LMEF. Where in 1980 and 1981 the physicians Critical Care Committee initiated and completed a review process for identification of Lincoln General Hospital, which was owned by the City, as a Level 2 Trauma Center. It was so designated by the EMS division of the Dept. of Health. This was the first designation of the State of Nebraska. And a lot of these become national standards. In 1981, 1982 the Medical Control Implementation plan was completed and a part-time medical director, an employed part-time medical director become part of medical control for Lincoln Lancaster County EMS system and it became operational. And I want to emphasis EMS control is not the City of Lincoln. EMS control is Lincoln Lancaster County. And, that's important because our population, Lincoln Nebraska is 200,000 people, but we also have approximately 23,000 people made up in the county and we serve those people. The hospitals are regional hospital. They are not hospitals serving within the boundaries of Lincoln. Dr. Carveth served from 1970 to 1982 as the Medical Director. 1972 really was the implementation. He served without compensation. 1982 to the present Dr. Kent Reckaway serves as Medical Director. Because of independence and funding and some of the other issues EMS, Inc. was incorporated March 24, 1994 as a 501C4 entity. That's a nontaxable entity basically owned by the public and funded nontax, with tax deductible dollars. Five minutes goes in hurry.

Ms. Seng: You have another minute.

Mr. Gruntorad: I have another minute, but I'm just getting down to the review side. Because we have to understand how this has evolved, because many people do not understand independence. 1994 EMS separated from LMEF to gain independence, it had separate funding. The stand alone with a separate board of directors and a separate budget. On Oct., 1998 the articles were restated concerning the incorporation of Emergency Medical Inc. And, I just want so the understanding is, to understand the purpose such activity shall include, but shall not necessarily be limited to A. providing medical direction and control for the provisions of emergency medical services in the city of Lincoln preparing written standards and treatment and emergency medical care and for emergency medical system in the City of Lincoln. C. recommending and preparing this (inaudible) and treatment protocol to be followed by emergency medical care personnel and the emergency medical system providing quality assessment programs and review of all aspects of emergency medical system in Lincoln, reviewing and making recommendation for improvement of the emergency medical system in Lincoln, hiring or contracting with such employees as may be necessary to fulfill the corporate duties. As a part of that in 1994 EMS entered into a contract with the City of Lincoln. That contract was renewed Sept. 2, 1997 and the City of Lincoln can contract for services regarding medical direction and medical control or independence. That contract is between the City of Lincoln, St. Elizabeth Community Health Center which names have changed, Bryan Memorial Hospital and Lincoln General Hospital. That agreement sets forth those items such as duties of contract or which is the medical protocol, quality assurance, medical direction, ambulance rate review, ambulance transportation code enforcement. Let me tell you one thing, whenever you have a contract and whenever you has a person who is making transition as medical procedures change, communities change and you do enforcement by golly you aren't going to be popular. You're not going to be popular. All transports are reviewed. If there are deficiencies let's attempt to take care of those deficiencies and move on. The hospitals responsibilities and the hospitals are bound by the protocol of EMS. They're responsible for training. Part of the agreement the hospitals do not charge their time for training of paramedics. Also, another item as you go on, the contract also includes disposal of waste. The hospitals provide that for you. This contract expires Aug. 31, 2001. Financial responsibility, the hospitals contribute to the budget \$165,000. The City of Lincoln was contributing fiscal year 1999 \$88,000 and that was reduced to \$55,000. In some way if you're going to have independence it has to be funded. The City and all organization have to support independence and services has to be reviewed. I have no care on who receives the contract, but there has to be independent medical review for a system to work and I think it has to be county wide. We have regional hospitals that are state of the arc and that is where it really comes from. You need to listen to the

doctors. I'm not a doctor and I don't pretend to be. But, I try through my networking ability to find the best possible and the solutions to those. And, whatever you do keep independent oversight. Thank you.

Mr. Camp: Dale, you mentioned that the EMS, Inc. Charter would expire Aug. 31, 2001?

Mr. Gruntorad: The agreement between EMS and the City of Lincoln that is the expiration date.

Mr. Camp: What procedures would the agreement call for to renew it beyond that?

Mr. Gruntorad: Terms of this agreement shall commence on Sept. 1, '97 end on Aug. 31, 2001 provided, however, that any party may withdraw from this agreement by giving the other parties a one year notice in writing on or before Aug. 31 of the then current year of intention to withdraw, with such withdrawal to be affective Aug. 31 of the following year. So, by contract and by notification EMS will be in place till Aug. 31, 2001 assuming there are funds to carry out their activities.

Mr. Camp: What happens beyond that though or is it just that would it be ...

Mr. Gruntorad: At that point and time again you work back through the Mayor's office and the City Council for approval of the contract.

Mr. Camp: Have you heard, you have heard about the EMS Inc. Task Force that the Mayor's set up?

Mr. Gruntorad: Yes I have.

Mr. Camp: Do you remember when it was first created?

Mr. Gruntorad: No I do not. One of the things and I never did get around to it that's our certificate review and the certificate review is handed out to all the Council Members. Sure the certificate of, the review certificate committee brought up certain things, but it would be disappointing if those items were not brought up to continue to enhance the system. As I've gone through the history this process has grown through the years. I think each of you have a copy of that and that includes what we look at on bonding, look at the response time recommendations, ambulance transport provider, suspension of revocation of certificates so this is a revolving process with EMS. Any other questions or comments?

David Hunter, no address given: I served on the Mayor's Task Force, EMS Task Force the most recent one and I think it's only appropriate that I follow Dale. I served on the Board of Public Accountancy for eight years which regulated the CPA's and one of our main responsibilities to see to it that independence was followed so therefore as Dale is I'm extremely versed on what independence and independence standards are. I would support this resolution and I would encourage you to support this resolution, but with various caveats and or amendments. I don't think today or tonight is the time to discuss who should deliver the medical oversight. I want to reiterate that the Mayor's Task Force including the Fire Chief voted for independent medical oversight period. Take that in your resolution and vote for that independent medical oversight. Argue another day who that will and should be delivered by. We supported transportation emergency and non-emergency to Lancaster County. That's extremely important. We even discussed that openly. Vote for that. We did not address, but I think all of us agree that any situation we entered into should not affect the tax base to an upward level nor should it cost the taxpayers and whoever we award the contract to or the certificate should definitely be in a financially reasonable manner. Those are the three items in this resolution. All of the other items about who, what, where, and how are an argument for another day. Independent medical oversight no one is going to argue that. The day will come when we make a determination as to how that's delivered. It may be by the medical society. It may be by quasa organization including the Medical Society. It may be a lot of things. We should not answer that today. That is an issued to be argued when the time comes, but I think you should support the independent medical oversight without definition. That's extremely important. You should support the part of the resolution which talks about rural Lancaster County and emergency and non-emergency and you should also support not an increase in the tax base. There was not a general overall consensus on the EMS, Inc. situation. There were several people voting in favor. There were several people voting in abstention, and there were several people voting no. And, one of the main reasons, it's those of us that are voting in abstention or voting no because we had not explored EMS, Inc. in detail enough. There were some of us that felt like it needed to have a broader scope representation. That it should be represented by the EMT people and other people, but it was too heavily slanted one way or another. But, that was not our total charge and we did not explore that, so therefore do not be mislead that EMS, Inc. is all

things to all people and is a 100% OK. The concept is sound. A restructuring is probably in order. Now, whether you use that body for the independent medical oversight is for another day. Don't get all hung up in all this emotion about, I have the utmost respect for the Lancaster County Medical Society, but they alone are not all things to all people all the time. But, independent medical oversight is and they may ultimately prevail and they may ultimately not prevail, but the oversight is the key and how you deliver that independence is yet to be discussed and yet to be determined. Thank you.

Mr. Camp: I can't let you sit down David without a question or two. The EMS, Inc. Task Force could you succinctly give it's charge?

Mr. Hunter: It wasn't an EMS Inc. Task Force it was a EMS Task Force. Inc wasn't on the end of it. What was our charge?

Mr. Camp: OK, yes. Weren't there six items you were reviewing and wasn't EMS Inc. in about each of those six?

Mr. Hunter: The question was should EMS Inc. be retained in it's current form yes or no I think basically was it. And we were split on that for the simple reason that we had not really gotten into all the details, some of us felt like that there were a lot of things out there that we didn't have time and had not totally explored and some of us were not totally in favor of its current form, but we were not ready to throw it out either.

Mr. Camp: Do you remember when the Task Force was first proposed by the Mayor?

Mr. Hunter: Well, several months ago.

Mr. Camp: Would maybe May and June of last summer when he appointed 10 people?

Mr. Hunter: Perhaps.

Mr. Camp: And, then did he add six more and finally commission it in October when he saw that the August 31 date to give one month, one years notice to EMS would not fly?

Mr. Hunter: I can't speak for the Mayor.

Mr. Camp: That's fair we'll ask him later. Do you see politics in the whole situation?

Mr. Hunter: Do I see politics in this? You're asking the wrong person let me tell you. This is the biggest political fiasco I've ever seen in my life.

Mr. Camp: Why is it a fiasco?

Mr. Hunter: There's no conceivable way, in my opinion, that you can have two providers providing the same service. You talk about quality of care and you talk about competitiveness in that quality of care. It gets to the point it's almost ridiculous almost to the point of jeopardizing the patient per se. In other words it's always been my opinion that we needed to provide this service with one provider whoever that may be.

Mr. Camp: And when you say this service what do you mean?

Mr. Hunter: The EMS service, the delivery service. The ALS, the emergency service, the transport, one provider. By getting into, this is a political quadmire that we're in and there's no question about it and it's extremely complex and it needs to be much more simplified than it is and it can be, but it's going to take some tough political decisions to make it that way.

Mr. Fortenberry: I appreciate your comment encouraging everyone to support independent medical oversight, but something isn't clear to me the resistance, if I'm wrong correct me, as to the Lincoln Lancaster Medical Society providing that oversight where else are we going to turn please tell me?

Mr. Hunter: Where's the resistance?

Mr. Fortenberry: What's the opposition then to having the Lincoln Lancaster County Medical Society provide that oversight?

Mr. Hunter: As I stated earlier that's a discussion for another day. The Medical Society per se is a trade organization. That's all it is. However, they do good things and they're a membership of quality people and quality professionals. There are other ways to provide independent medical oversight. Independence is defined clearly as one which is totally independent and makes decisions independent of any coercion or anything of that nature and makes them on its merit. Now you answer the question, does it have to be the Lancaster County Medical Society or can it be a single person or can it be a board as EMS, Inc.?

Mr. Fortenberry: That's what I was asking you, what are the other conceivable ideas that you are suggesting and that comment ...

Mr. Hunter: EMS could be restructured with a different membership situation and the Mayor have full appointment power except the Medical Society would provide, for example, five names for three appointments on the Board. It doesn't make sense to have a regulatory board or regulatory

authority whether it be medical or otherwise totally made up by those that have a special interest i.e. physicians per se. It needs a collective group. The Board of Directors of a hospital are not made up of physicians. They are not made up of hospital administrators they are made up of people of the public. They are made up of physicians. They are made up of nursing staff, etc., etc. There's nothing wrong with having a broad scope of specialties on that board and then hire a medical director or engage someone to provide that service because there may be situations come up that require expertise from the public and from the people providing the service and from the physicians.

Mr. Camp: David, have you read what the Medical Society put forth in its announcement a month or so ago and the proposal for the ...

Mr. Hunter: Basically.

Mr. Camp: And if you recall one of the objectives was they would go from, what is there about seven members on the EMS, Inc. Board which is totally appointed by the Mayor not all of whom are doctors and I believe they were promoting a nine member organization with only two appointments by the Mayor ratification by this City Council and all of the other seven positions would represent a broad cross section of the City. Why do we not want? Is that not independent? Is that not independent if we have a Dale Gruntorad, CPA on there or Darrell Stock, Attorney?

Mr. Hunter: I have real difficulty with the body politic delegating it's authority to someone which it does not have the authority to appoint. This City is a strong Mayor form of government period.

Mr. Camp: No, yes we have a strong Mayor, we also have a strong City Council, we also have ...

Mr. Hunter: No, I'm talking about the City Charter clearly states this is a strong Mayor form of government.

Mr. Camp: We're not here today to debate that. I guess what I have concern about and for our, for the citizens of Lincoln is all I've heard up to this point is a concern for patient care and to get away from politics and yet when we ask for definition of independent oversight you say well it's not the doctors yet the doctors haven't been making the oversight in the past anyway its been the EMS, Inc. which is composed of a variety of disciplines. All the doctors have suggested is some modification so that it removes more of the political taint of that organization. We have a Health Board that's been appointed by the Mayor, we just had the president of the Health Board, Lancaster County Health Board was up for appointment and the Mayor chose not to appoint that individual.

Mr. Hunter: I think you're arguing the technicality and the facts that should be argued in another day. I think conceptually you need to support, again, what I said independent medical oversight and define that when the time comes period. You'll have that chance. And, I think the people that discuss the Mayor in this and keep harping on the Mayor sounds good, but the reality is it takes four of you to ultimately work and five to override.

Charlotte Liggett, no address given: I'm here representing St. Elizabeth Regional Medical Center this evening and you all are being very patient. We believe that a growing, vibrant city like Lincoln deserves a strong comprehensive, high quality EMS system. Lincoln currently has a very good system due to what has been a spirit of cooperation and due the medical direction and leadership provided by EMS, Inc. and Lancaster County Medical Society. St. Elizabeth has a great deal of respect for every individual Fire Fighter in this City. We have a great deal of respect for the individuals working for Rural Metro. They all have a tough job and they do a really good job. But, we're here tonight to support the standards as promulgated by the Medical Directions Board of Lancaster County Medical Society that you've already discussed and St. Elizabeth supports the proposal presented by Lancaster County Medical Society to provide the nonpolitical, independent medical oversight. Why does St. Elizabeth speak in support. First the recommendation from the Mayor's Task Force that you just discussed and just to set the record straight and you probably all have this, but Resolution No. 6 which was voted on unanimously states, "continue to have a professional, independent and nonpolitical oversight board. This board should be appointed by the Mayor with approval by the City Council and then there were some bullet items underneath that. Secondly, St. Elizabeth supports the Resolution in front of you because we do believe that we deserve this, citizens of Lincoln deserve high quality services delivered in the field. Patients then have the best chance of survival. Thank you.

Regina Robinson Noble, no address given: I'm a board certified Radiologist and I'm a member of the Lancaster County Medical Society serving on the RFI committee. Before I actually begin my discussion I

would just like to clarify a couple of issues. One is that Mr. Camp you earlier referred to some questions about the standards in Lincoln as being higher than the national, those set nationally and one of your concerns appeared to be the four and eight minute time limits, is that correct?

Mr. Camp: As I understood it those were by the American Heart Assn. I was asking more about, I think those were the same, if I understood the testimony.

Ms. Noble: Those are the same indeed. I wanted to make that clarification. In fact those numbers four minutes for rapid response, first responders particular with deeper relation than eight minutes for a true ALS provider are the standards throughout the nation. To my knowledge with all the research that I've done recently I have not done any evidence to support that an ALS provider need to arrive necessarily before the eight minutes. There is no increase in survival. I point that out only to indicate to you that in our own RFI process which I will state to you several times during this discussion is exceedingly flawed. Our own RFI suggest that we ask providers to provide us with the cost and the function of how they would provide us ALS service within six minutes, seven minutes, and eight minutes. There was no medical indication for six or seven minute arrival time and this only adds cost, significant cost and potentially some delay arriving at another important emergency to our system.

Mr. Camp: I might interject originally the RFI added in there 9, 10, and 11 minutes and I asked that be deleted since it exceeded the American Heart Assn.

Ms. Noble: Thank you. A very wise choice.

Mr. Camp: But, if I may what I was alluding to earlier and I think it's a fair question by a number of the Fire Dept. Paramedics who visited to me is they're maintaining that, set aside the four to eight minute time response, if I understand those individuals they're saying that there are other requirements that are higher and maybe I'm referring to numbers of intubations, and other things that were listed earlier in those six months experience requirements and those are higher than other communities and I was just questioning is that true and so forth?

Ms. Noble: I have no knowledge of that.

Mr. Camp: OK. I'd like, at some point I need to find that out, but that's not really for discussion tonight.

Ms. Noble: In answer to one of the other questions that was posed, how many paramedics are needed? EMS, Inc. and the Medical Advisory Board would (inaudible) the people that you asked that question of, but I can tell you that I did specifically ask that question of them in general terms. My understanding is that in Lincoln we have approximately 49 to 50 Fire Dept. paramedics and Rural Metro 25, I'm not exactly sure of the number. I may be off.

Mr. Camp: There's a total of 76 currently.

Ms. Noble: So that would be about right. According to the standards the maximum number of paramedics that we could support if all of the ALS calls were divided absolutely evenly across the board which will never happen except in a perfect world certainly we don't live it that. We would be able to support 56, 57 paramedics and give them the proper training allowing for the facts that calls are not divided equally amongst every single paramedic the EMS Board calculated approximately and I'm not going to hold them to exactly this number I prefer that you ask them for their calculations. Somewhere between 30 and 35 paramedics for the City of Lincoln.

Ms. Seng: Excuse me, but have you been making a statement, have we been timing you, Paul?

City Clerk: Well, questions have been going back and forth.

Ms. Noble: So, now it's my statement? As a member of the Lancaster County Medical Society and a representative to the RFI Committee from the Lancaster County Medical Society I've two major concerns and objectives. First is maintain independent medical oversight which you've heard about this evening extensively and I must say that I disagree with the person significantly with the person who spoke before. The time to assess our medical oversight to establish it, to secure it's future, and to determine exactly what that oversight is is now. It is not in the future. I see no reason nor has there been any explanation to wait to assess what that independent medical oversight should be. I've heard on several occasions in the last few weeks people say they support this issue, that they don't have any concept of what it should be, nor do they think it's the appropriate time to do so to elaborate on that. I would challenge those people to give us a reason why now is not the time. My second objective is to ensure that the citizens of the City and the County and to my LCMS colleagues that the RFI RFP process, which we are really not sure which

process we have in place, we will utilize to select our EMS provider with is fair, informed, appropriate, and professional. With regard to the first issue of my independent medical oversight everything that I've studied in the past few weeks in preparing for this RFI Committee I found no reason to think that EMS Inc. has done anything but a responsible, respectful job. If there are instances in which they have not responded that way I think it would appropriate for all of us in the medical community and the citizens of Lincoln to know what those situations might be. In addition to that I fear losing EMS Inc. because of the obvious budget cuts that we've already talked about and in fact had they not had a very small overflow of \$16,000 last year the cut in the budget this year would have created them defunct. Even maintaining their budget for next year will not allow them to survive. Independent medical oversight is not a small issue. It's not a small issue for a city, for an EMS system, for a provider, or a medical community. This is a guide called Contracting for Emergency Ambulance Services put out by the American Ambulance Assn. This is published by the Association which is a national trade organization representing businesses that provide (inaudible) services ground ambulance transport. It includes all forms of private ambulance, providers, public utility models, volunteer ambulances, hospital based ambulances, and government owned and operated services. I just want to quote a couple of pages for you, a couple of excerpts. Page 2, very beginning of this guide says, "America's highest quality and most cost effective EMS systems blend to the best capabilities of the public and private sectors." In reading much of this guide I have to say in looking at RFP from across the nation recently it's clear that many, many people, many well trained organizations and personnel have come to the conclusion that there may clearly a roll for more than one provider in a city. So the statement that there is no rationale for that is far, far true, pettily false as far as I can tell from this document and our experience. We need medical oversight, standards and protocols in place. We need independent medical oversight in place. I have two examples sitting right here of medical directors that subject to Fire Dept. advisory councils who were recently dismissed when they breached a subject that was unpopular. That's a problem, not for just the Fire Dept., but for any organization which, for which the oversight is under the control of the organization being monitored. It's just very standard. We need to have I-mode system in place before we go to our P process. We need to have, if it were not even an I-mode, if, whatever our medical oversight process in place it is, it needs to be in place before we go to that RFP process. Why? For the very reason that would you hire a contractor to build an office building for the City and just say, well just build a building? That's what we want you to do. And then have them bid that. How would they possibly bid that if they didn't know how many windows you wanted, did you want elevators, did want, how many stories did you want? To provide an adequate bid for the City that will allow us to make a wise choice for our provider they have to be given all of the cards. They have to be given all of the information. They have to be given all of the advantages of making a wise, financial, decision for themselves and for us and to provide the proper number of ambulances, the proper number of paramedics, and the proper medical care. Our standards that we have set, that we have explained to them because there are penalties for not meeting any of our standards and protocol is exceedingly high and if you ever have an afternoon or evening that you'd like to hear about it I can go through that RFI with you.

Robert Moore, no address given: I'm here representing Tabitha Health Care Services. Tabitha Health Care Services annually serving over 4900 citizens of Lincoln, Lancaster, and surrounding areas with quality, post-acute therapy, home health, hospice, meal and housing services supports independent medical oversight of pre-hospital medical services as proposed by the Lancaster County Medical Society. Although serving thousands of people every year Tabitha views it's relationship with patients, clients, their relatives, volunteers and it's employees and their families as a family affair. In the spirit of family Tabitha desires that each member of that family have available the best possible system of pre-hospital medical service and transport. Since the Tabitha family extends beyond the City limits to include the entire of Lancaster County and beyond. For example over 9% of Tabitha's Lincoln employees and families live outside the City limits, but within Lancaster County. What better to trust the quality of these services to than the physicians of Lancaster County into who's hands citizens place their health and well being on a daily basis. Tabitha believes their proposal for oversight, standard setting, and ongoing review of the pre-hospital medical services system to be of the same quality as the fine medical care they provide.

So speaking in support of resolution Tabitha believes this approach to be best for it's family and we urge the adoption of the resolution by the Lincoln City Council as it's demonstration of concern for it's citizens. Thank you.

Randy Harre, no address given: I'm the president of LIBA the Lincoln Independent Business Assn. In our 20 years of being before the City Council I would hope that this would represent to you that our belief in privatization of services, fair process, and affordable budgets. I've heard many statements tonight and in the past weeks that we should not be in a panic. We should not be an alarmist and that we should be pretty tunnel visioned to this statement to the resolution before us here tonight and I will make a statement to that resolution. It was, though, very concerning for me today about 4:15 this afternoon to be driving in my car and hear a radio message that said that we were going to be having 35 new paramedics and ambulance in every Fire Station and that a two minute response time. I believe that is premature and very unfair to this process.

Ms. Johnson: Excuse. Where did you hear this?

Mr. Harrah: I heard that on 1400 about between 4:15 and 4:30 as I traveled across town. Yes 2 minute response time the commercial said, therefore I felt it necessary to come speak tonight just a little beyond the resolution, but in support of the resolution also. Hopefully, it will air a little more or you can probably contact 1400 and get a copy of the commercial. I would also suggest that we are very concerned about Lancaster County and the far reaching impact not only to Lancaster County but possibly into other counties by deleting the service of Rural Metro since they do support other areas besides Lancaster County. We would like to lend our support to the resolution drafted by the medical community. We ask that the members of the Council pay special consideration to this matter in regards to these two points. That the pre-hospital care is the highest quality for the patients survival and that the true cost to the City budget for this service consider it's survival we believe that the contract with the private sector business in place being Rural Metro and it's oversight by the nonprofit EMS already accomplishes these two items. Highest quality patient care and cost efficiency. Any questions?

Dr. Laura Ackley Schumacher, no address given: I am a member of the EMS Inc. board and I have been for about three years. I'm also a physician and I completed my residency in emergency medicine. As you are aware, Lincoln EMS Inc. was created in 1994 as a nonprofit, independent corporation. Under contract with the City of Lincoln and the three then city hospitals to serve as the external development and oversight organization for the Lincoln Emergency Medical Services System. Our board members at EMS Inc. are appointed by the Mayor and ratified by the City Council. Currently our board consists of myself, Dr. Bill Griffin a retired Lincoln surgeon, Neal Westphal a retired Alltel Human Resource Director, Darrell Stock, our EMS Board President and a Lincoln attorney, Lori Klosterbore the Executive Director of Nebraska Safety Council, Cindy Morris a Certified Public Accountant, and Pat Moran the Director of Nursing at Nebraska Wesleyan. Collectively, our seven board members have served 27 years of volunteer service to EMS Inc. Our political party affiliations consists of four Democrats, and three Republicans. During the six years EMS Inc. has operated we have tried our very best to take our roles and responsibilities with much deliberation. Our major responsibility has been to oversee the quality of pre-hospital medical care to each and every citizen of Lincoln. Furthermore, to this end we have had some successes and, but we've also made some enemies along the way. We have not made everyone happy and we understand that. It's hard with this much of emotion and charge in an EMS system to make everyone happy. Nevertheless, I should point out that in approximately 84,000 transports in 6 1/2 years we have not had any pre-hospital litigation for the City of Lincoln and I think that's good, I think that's good and I think we should be proud of that. Furthermore, Lincoln has been the recipient of new and hopefully improved system managements including the development and implementation of a simultaneous dispatch program that was created in '94, '95. The development and implementation of a computer based quality improvement and statistical analysis a provider and system performance. The development and implementation of a biweekly peer based educational review process. The development and implementation of a specific performance based review process of Rural Metro. The development of a systemwide continuing medical education program. The development and implementation of the emergency medical dispatch protocol, probably the most controversial of all. The development of the do not resuscitate guidelines. The development of special response guidelines. The development of implementation and training for rural EMS automated

external defibrillation programs. And, then now just recently the revision of the patient care revised clinical standards of performance for Lincoln EMS providers for advanced life support. Now, the EMS Board comes before you tonight to ask for your continued support that we can build on the hard fought victories that we've had in the last six years. First and foremost we must continue independent oversight of our Lincoln EMS system. The checks and balances of independent control are paramount in maintaining neutrality with the different EMS agencies. There is absolutely no place for turf wars in our system because the ultimate loser is the patients, the citizens of Lincoln. Secondly, we must develop our future EMS system around the medical expertise of this community. Any Mayor or City Council Member who would shun time and talents of so many committed physicians will have at some point to answer to the citizens of our community. The medical standards and other recommendations from the Lancaster County Medical Society have been brought forth to EMS Inc. and they are solid, common sense, and careful medicine. We cannot gamble with the lives hanging in the balance by using other cities models, outside consultants, or allow political gain when the stakes are so high. Thank you.

Mr. Camp: Laura I have two questions. One, I would appreciate a list of the different things you said about EMS's Inc. accomplishments. Secondly, is it importance to establish the independent oversight first before we go through the RFI process?

Dr. Schumacher: Oh, absolutely. You know, I wonder how we're going to do this in a correct fashion when our budgets coming up. You know we may not even have the funding to continue and how can we go down the road saying that we'll develop all of these things later. Now, we need to know right now whether our Mayor and our City Council endorse the standards and the work that's already been completed and whether we continue to build on that or totally throw that out and start from scratch. And, I think it's, in my humble opinion this is one of the biggest decisions that our political climate in Lincoln will decide for years to come. It's huge. I just cannot believe the scope of this.

Pat Ichev, no address given: I come here as a concerned citizen regarding our emergency medical services. I am here to support the recommendations and proposal of the Lancaster County Medical Society. Thank you.

Doug Wyatt, 830 L Street, Market General Manager for Rural Metro Medical Services: I'm here before you to testify on behalf of this resolution supporting the report and recommendations of the Lancaster County Medical Society's plan for independent medical oversight for pre-hospital care. For the past 33 years the management staff of Rural Metro have been used to the concept of medical oversight. As a paramedic service since 1982 we understand how important it is to have medical oversight and to receive medical direction. Our providers operate in the field as an extension of the physicians as we work with our patients in the pre-hospital setting. Seven years ago the City of Lincoln contracted with EMS Inc. to provide this medical oversight. This oversight body has worked closely with the Medical Directions Board and the entire medical community to set standards of care for the system through the establishment of patient care protocols, system policy and procedures, and a quality assurance assessment program. As a company we have met or exceeded the standards that have been set before us by this oversight body. In the past year the Medical Directions Board of the Lancaster County Medical Society has set standards for our system. EMS Inc Board passed these standards and issued a compliance date of May 1, 2000. We are the current certificate holder and the transport team provider as outlined in the standards. Once again Rural Metro Ambulance will prove that we can meet or exceed these standards. I would like to thank and recognize our 85 dedicated Lincoln Rural Metro employees who demonstrate daily their commitment to provide quality patient care to the citizens of Lincoln and Lancaster County. I would like to have those individuals stand now if they're in the audience tonight and be recognized even though a lot of them had to leave so that they could attend work tomorrow and be functionable. But, I would like to have them stand and be recognized. Thank you.

Janet Newell, 1500 E. Manor Dr.: I'm here as a citizen to strongly support the Lancaster County Medical Society's proposal for independent medical oversight. Those speakers that have come before me have spoken very eloquently, I think, about what this is all about and why we need to be careful and the dangers of losing the independence and the standards, so I'm going to scratch what I was going to say and I'll just say briefly that it does need to be independent, it's very important. The standards need to be in place before anything else is done. The system must cover

the rural areas and it must be fiscally responsible. I would just add a comment that someone else made to that this is not anything negative about the Firefighters they do an excellent job, it's about excellent patient care. And, I'll just add one think personally I do not either understand why we are spending all this time and effort on an issue that from all I can read and listen to people and that also what has been said tonight that the present system seems to be working well, they're doing a good job I don't understand why we are trying to replace it completely. If it needs fine tuning or some changes to be made then let's do that, but let's keep the people that are doing a good job. Thank you.

Steve Phillips, Fire Chief of the Southeast Fire Dept.: I'm here representing the Southeast Fire Dept. and the Southeast Fire Protection Dist. We're a district of about 40 square miles. We're right on the outskirts of Lincoln. We've got approximately 12,000 citizens in our district. We provide fire prevention, fire suppression, and first response EMS care to that area at this time. We do not provide transport service. We're also provided REMS oversight direction by EMS Inc. which at this time we're very satisfied with. They're involved with us in our continuing education. They re-certify us in our defibrillation. I think it's very, very important that you look at and go with the Lancaster County Medical Society's recommendation for independent oversight. They have quite a lot of involvement in the current oversight and I think it would be foolish to do anything different than what they've suggested. I don't think a lot of people realize how much affect of what goes on in the City of Lincoln has an affect on us out in Lancaster County, but decisions that are made here that I know you confer with the County Board the decisions that are made here sometimes have a huge affect on us. One of the things, I'd, I don't know who suggested it, but I'd like to thank whoever suggested to adding to the RFI the coverage be provided for the region and Lancaster County because it would have left me in a position of trying to figure out how I was going to finance providing transport service and there's no way, shape, or form at this time that I could've provided a transport service at the level that's being provided now.

Ms. Seng: To answer your question I believe the County Board had asked the Mayor to include that.

Mr. Phillip: The next time I have to stand in front of them I'll remember to tell them thank you.

Ms. Seng: Tell them thank you.

Curt Donaldson, 2860 R Street: I appear here tonight as a ghost of Council's past. To recall a bit of history that might be useful as you consider reaffirming the importance of independent medical oversight for this very critical system to our City. Heart of the problem the reason for tonight's concern by the medical community is that independent medical oversight in its purest and most independent form is probably incompatible with an EMS system that features a large number of paramedics. And, for that reason it is not surprising that a large number of paramedics will try their darndest to eliminate truly independent medical oversight. I really came to speak a little bit about the past. I came to speak about a political payoff that I participated in on the City Council in 1993. I'm not proud of it, but I think the public needs to know about it. In my first year on the Council was the ambulance issue, the summer of 1993. Mike Johanns when he was running for Mayor in 1991 oral history has it went into a room alone with Lincoln Firefighters and although a republican he came out with their support. In 1993 the Mayor allowed this department to bid on the ambulance service. And, in fact they turned out to be the quote unquote low bidder, but then because of public and business outcry which others are far more familiar with than I am, the bid was withdrawn, Eastern Ambulance was allowed to re-bid and there was a great amount of dismay fundamentally because Mayor Johanns did not have the support in the community or on the Council to give the ambulance business to the Firefighters. He did not have the power to do that. What I think he should have done at that point was say guys I just did my best, but it didn't have the votes. But, instead he tried to deliver something. He came from nowhere with this idea of a compromise, quote unquote, to train 50 Firefighters as paramedics. The compromise. That's what he calls it yet to this day. The Mayor then, the Governor now is an intelligent and persuasive person and fundamentally you cannot persuade other until you've persuaded yourself. If he wants to believe it's a compromise fine. If others do fine. I would call it a political payoff or an attempted political payoff. The consolation price, but no one was in fact consoled. If it was not a payoff where is the record that there was any evidence that the need or benefit of paramedics on every fire truck was ever identified by the medical community. You will not find it anywhere in the record. This is a medical community which has never been shy about

spending peoples money for any possible medical benefit. But, if you think payoff is too harsh a word we'll go back to the word compromise, but I would actually probably say compromising. I think that it was a decision by the Mayor and Council which was fundamentally compromising to the health and survival of patients. I certainly feel then and feel now perhaps more strongly that I was compromised in my oath of office and I that I voted for the program against expert advise and my own best judgement and the best interests of the community. In view of this history it is bitterly amusing now to see a political payoff hollowed, extolled and enshrined by those whose idea of quality assurance is to assure the community of there quality. Those who already resist independent medical accountability at every possible turn. As I served on the City Council probably the most interesting thing was to take on a complex issue with many different opinions and conflicting information, listen to all sides, ponder it, sometimes change my mind three or four times before the final vote. But, then and now I decided against making expert medical opinion that it is correct that there is no way to keep the current number of ALS people qualified. Just fundamentally. They absolutely, no matter who has the system they need to be based on the ambulances period and I think many of you if you spent enough time on it will come to that same conclusion. The fewer the better and I think you will find that independent medical oversight is synonymous with expert medical opinion that you have heard here this evening. But, we are faced with the current situation because of my decision in part and those of others in the great bungled payoff of 1993. A payoff that didn't help Mike Johanns, didn't help the Lincoln community. Tonight and in the future it's been suggested, I know many of you are considering place this on Pending, but that's the clever and easy and political thing to do. For those of you who say you support independent medical oversight, but you're just not quite ready to look at it yet, well I can tell you from my experience it will never be easier than it is tonight to vote for independent medical oversight and to affirm your support for medical oversight. I predict that those of you who prefer to vote for it later will later find yourself constrained and in fact not allowed for anything reasonably resembling independent oversight as recognized by the medical community. So, I once again to conclude I will also predict that the gravity of the situation is that once what even independent medical oversight we have now is lost, it will never be retained. Unlike the State Capital currently we are now on our third state capital which has structurally failed. I don't think any other state has that record. We've been able to go back and fix that, but you're not going to go back and fix that, but you're not going to go back and fix this once it's lost. So, consider very carefully this evening and now I disappear back into the mists of time.

Mr. Camp: Curt, one quick question. Are you saying the standards now, the as opposed to later, I mean, with the resolution you're saying the medical oversight should be emphasized now as opposed to later?

Mr. Donaldson: Should vote tonight.

BREAK 10:38 p.m.

RECONVENED 10:38 P.M.

Dr. Stothert, 118 S. Plaza, Omaha, NE: That's a suburb, northern suburb of Lincoln. I'm the Medical Director of the Omaha Fire Dept. so therefore I'm biased and my motives are pure. What I've come to discuss is something that seems to be sorely lacking here and that is the role of the Medical Director in determining what goes on on an EMS system. I work for a system that has 138 paramedics, 80 intermediates, over 600 firefighters and we have provided medical care to the citizens of Omaha for approximately almost 30 years now. I think the first paramedic hit the streets in the mid-70's. This is a city based system. We now incorporate a lot of the County. We have mutual aide with all of the departments around our area and provide all of the emergency response. I'm also the Medical Director for the 911 system which dispatches the vehicles to the scene of an accident. We, or a medical illness. Over 85% of what we do on the Omaha Fire Dept. is take care of medical problems. We have 16,000 runs per year and not that many fires to the shagrin of most of the Firefighters. What we have done in the five years that I have been working for the Omaha Fire Dept. after being hired by the City Council to be the Medical Director is we have increased our paramedic service by about 200%. We've added automatic defibrilators to every apparatus that the Fire Dept. has and we have continually grown through the last five years. I've served under four Fire Chiefs. I know how to deal with Fire Chiefs. I've outlived a few of them. Fire Chiefs are wonderful people in my estimation when they're relating to fire things.

They are also wonderful people when you explain to them what needs to be done from the standpoint of medical care in the streets. I go out with the paramedics. I've been on my belly intubating people out in the middle of 72nd St. in front of the Holiday Inn. It's not a pleasant place to be, but it's something that the Medical Director has to do. What you need on your EMS system is a strong Medical Director that will pay attention to statistics. Not last 6 years with an abnormality and not do anything about it. You need to have someone that does strong medical oversight. That's what the Medical Director is for. The Medical Director is the one that's recognized by the State as the person that's responsible for the paramedics under them and the intermediates under them and the basic Firefighters under them. That's the thing that's been missing here. Nobody's talked about the Medical Director. You've talked about medical direction, but unfortunately with a weak Medical Director bad things happen. You need to first determine who the Medical Director's going to be then worry about determining the rules and regulations that the paramedics need to function under. I can tell you that if I said every paramedic on my service need 8 tubes in order to be a paramedic I wouldn't have 138 paramedics. I offer a quality service because I'm not directed towards procedural skills. My paramedics need to be intelligent, they need to think, they need to know what to do and I teach them how to bag the patient, you don't need to intubate every patient. If you can intubate them wonderful, but if you can provide an airway and ventilate the patient that's the most important thing. Non-medical people get all caught up in these procedural skills putting IV's in, putting tubes in. That's not vital. Other things can be done to deal with patients. You need somebody who's intelligent, who gets to the patient, who determines what's going to happen to the patient and then makes the patient better as best they can in the field or gets them to the appropriate hospital as quickly as possible. I'm a proponent of medical oversight. In my system, and again my system's different from your system, but I have a number of physicians that work under me. I have a number of paramedics that supervise the other paramedics. They're roving paramedics that are out in the field assuring quality. You need to have peer review. You need to have medical oversight and you need to develop a system that works in Lincoln. I'm a firm believer that a seamless system is a system where you control all aspects of EMS and I think that works the best in my personal opinion. And, I work under a lot of people, the Mayor, Mayor Hal Daub, the City Council, all of them, and the Fire Chief and all of them respect my opinion. We fight from time to time, I win most of the time and lose some of the time, but I pick my battles and my battles are always for the patient and that's what you as the City Council have to understand. Thank you very much and I'd be happy to answer any questions related to medical direction as I possibly can.

Mr. Camp: Would you pronounce your last name again?

Dr. Stothert: Stothert, S-t-o-t-h-e-r-t. Anybody else in the country that has a name that's spelled like that is related to me.

Mr. Camp: No c in there just ...

Dr. Stothert: No c, t's.

Mr. Camp: Well, I appreciate your testimony. Are you for or against our resolution?

Dr. Stothert: I am strongly for medical oversight. I think your, the current medical oversight, what's it called here?

Mr. Camp: EMS Inc.

Dr. Stothert: No I mean the resolution I think is one sided and actually kind of just makes up numbers and says is what we need to do and the Medical Director needs to decide that based upon what the service that they function under has. And so I would not be for this resolution, but I would be for medical oversight.

Mr. Camp: What specifically in the resolution that says numbers?

Dr. Stothert: When a number of people get up here and try to prove based on graphs that you need to have this number of tubes in order to be a good paramedic and that's part of this I would be strongly against that. One of the previous physicians testified this. This is we need 24 IV's, we need 8 endotracheal tubes in order to be a quality paramedic. I disagree with that concept. I feel the medical director needs to decide what the paramedic needs to be able to do and then goes about getting it. If you have a bunch of paramedics that don't have much experience, you know who's fault that is? That's the fault of the medical director because that medical director needs to look at the entire service. Here you have 45 paramedics, maybe 30 of them haven't intubated in six months, those people need to be in the hospitals intubating in the operating rooms. And, a strong medical director can do that not just compile statistics and put the statistics to the side and say boy this is bad,

obviously we have a bunch of bad paramedics because the don't have endotracheal tubes. Well, there may not be any out there for them and what you have to do if you think it's an important skill as a Medical Director you put them in a position where they can learn how to do that. They have to do 20 plastic head incubations, artificial things. They then have to go to the operating and do two incubations on patients that they've anesthetized and paralyzed. And, that's the way it's usually handled. The physician Medical Director oversees what goes on. If there's an individual that has problems then educationally that's dealt with. There's a large educational component here. The national and the state regulations indicate that paramedics need 48 hours of continuing medical education every two years. What you can do in that, for that medical education is again send them to the operating rooms. Provide didactic experiences for them. I have four trainers under me that are in the Fire Dept. that their full time job is to go around training the paramedics and making sure that they're quality people. And, I have an additional three people that go around telling me where there's problems and then we deal with those problems. Just having paramedics sounds neat. We need 40 paramedics, we need 30 paramedics. Numbers don't matter. The people matter and then how you're going to go about making sure that they're adequately trained this year, next year, and for the rest of their paramedic lives. And that involves a whole training cadency that nobody's mentioned yet tonight. That becomes very, very important.

Mr. Camp: In the resolution before us it just talks about independent medical oversight, medical direction under the County Medical Society. It doesn't talk about the standards. The standards were separately promulgated by the Medical Directions Board so they're independent of this so this has no bearing on that.

Dr. Stothert: Yeah, medical direction and the Medical Director is the one that needs to determine what the rules and regulations are. If you have any kind of medical oversight, that's wonderful, and but it needs to be related to people who understand medicine. You can't oversee something if you have no idea what what's going on. How can you review a run on a patient if you're an accountant. It's very, very difficult. You can review a run if you're a paramedic. You can review a run, some physicians have the ability to know what goes on in the field, many don't so you have to pick the people correctly that can provide oversight. And, there's no such thing in your own community as independent medical oversight it's always dependent because you're picking people that you know to review things. The best independent medical oversight would be for you to send all your runs up to Omaha and we'll review them up there and we'll send all our 16,000 down here and you can review them. That would be the best medical oversight, but that functionally isn't real possible. And, so as the way, to me, the way that medical oversight is set up here there's some flaws in it and I think the biggest flaw that I see based on what I've listened to tonight and this is the first time I've ever heard it is you have statistics that show that your survival rates are diminishing and it's been for six or seven years and the medical oversight has not done anything about it.

Mr. Camp: I think we're saying two different things here because we have the Medical Directions Board that is giving the medical standards for paramedics and that was the issue there. It wasn't the CPA attorney, those individuals have been on the EMS Inc. Board which has other responsibilities. I think you're bringing out some excellent issues sir and so for the benefit of the patient care everything you've said I think is reflected in this resolution. Again, we're not deciding numbers of paramedics tonight, we're not deciding who drives the ambulances, we're not deciding politics, we're deciding is there independent medical oversight is it in, and then we're talking about a regional area Lincoln ...

Dr. Stothert: Maybe I'm confused, but there was a number of people that testified on specific numbers and what they felt was in this resolution and that's what they needed to have in order to have good paramedics. And, I strongly disagree with that concept.

Mr. Camp: Paramedics is not part of this and in fact if I, I know I asked a number of questions and if I asked something that related or gave you that idea I apologize. Again, if you haven't seen the resolution I'd encourage you to see it because what you're saying really documents and supports the resolution and I appreciate your taking time to come to Lincoln to ...

Dr. Stothert: As I said I'm not speaking in support of it I'm speaking in support of medical oversight, but not necessarily as it's listed there.

Mr. Camp: Reread it. It says independent medical oversight.

Dt. Stothert: Yes. I have read it, yes sir.

Mr. Camp: What do you disagree with then?

Dr. Stothert: I disagree with the concept. I think I said this earlier that if you have a group that is doing medical oversight and they are dictating what goes on for medical oversight that's not appropriate. It's the Medical Directors job as by State law to make those determinations, not an independent group that isn't associated directly with the care in the streets. That's why I disagree with that proposal.

Dave Engler, Vice President of Lincoln Firefighters: I wasn't going to speak tonight because I've got a cold and can barely talk, but we saw some statistics earlier that we're kind of alarming to some of the Council Members and I wanted to comment on them. In the Lincoln EMS system as of the statistics that I saw today through a piece of legislation that's called Option E it doesn't allow the Firefighters to practice as paramedics once Rural Metro arrives. The Lincoln Fire Dept. Medics only perform 23% of the skills that are being discussed in that graph that we saw earlier. Now if there's a performance problem we should be concerned about the people who are performing 77% of those skills out there in the field. And, also we talked about studies, you know, we were looking at studies, er statistics put out by EMS Inc. a little bit earlier, but EMS Inc. also put out a statistic on incubations and they did, I believe a three or four year study on intubating mannequins vs. live humans in the operating room and the proficiency that was, the proficiency differences. What EMS Inc. discovered was the proficiency was basically the same and that paramedics could perform intubation for continuing education on a mannequin and that was adequate. So, I guess if we're going to look at statistics we ought to look at them all and the testimony by the Lancaster County Medical Society was hey, you know, it's different that intubating a mannequin, but then they want to testify on statistics about patient care and cardiac arrest survivability. Now, survival percentage to hospital discharge is irrelevant to pre-hospital resuscitation percentages. The only known variable is increased survival with under four minute response by trained personnel. There are a number of variables that we've seen in the EMS system more so than just paramedics an increase in paramedics, but some changes in the protocol, and determination of resuscitation, do not resuscitate orders. So, basically what, what was presented tonight is, you know, statistics. You can basically make those look anyway you want and again if patient care is degraded since 1994, Lincoln Fire Dept. provided ALS, full ALS service since 1997, I think it was July 2 or something to that affect, but if there's a patient care problem I don't think that the finger should be pointed at the Firefighters or the influx of firefighters because we're only performing 23% of the skills out there. So, that's the only point I wanted to point out because I think that was pretty misrepresented of the care that the Fire Dept. is providing and I can't sit back and have people believe that the Firefighters are providing bad patient care because they're absolutely not. We have an aggressive continuing education program and I think our Firefighters and I believe all the Firefighters out there would agree as with many citizens that we are providing excellent patient care. So, I would appreciate if the finger wasn't pointed there because we have not been able to meet the standards based upon Option E. Do you have any questions?

Mr. Camp: I appreciate what you brought up. Say again what the 23% represents, please, that you're saying the Fire Dept. paramedics do?

Mr. Engler: Yeah. The Fire Dept. paramedics in in the, the statistics I saw today only are able to perform 23% of the skills out there, so what I'm saying is because of Option E and Rural Metro being in charge and the desire to basically hog skills, if you may, they're performing 77% of the skills. So if cardiac arrest save rates are going down then I have to wonder, if we're only performing 23%, maybe it's because a large number of their trained paramedics that have been with the company for a while went over to the Fire Dept. maybe that's what it was, but it's not because we have Fire Dept. paramedics as was pointed out earlier.

Mr. Camp: What are the 77% of the skills that the Fire Dept. paramedics cannot perform?

Mr. Engler: Well I'm saying if you have chest pain right now and we arrive and we begin to assess you what'll happen is many cases Rural Metro will come in, take control of the call, and then they'll initiate the IV. Now there may be other times when get there and maybe start a procedure and then they'd finish the procedures. Out of all the skills that are out there we're only performing 23% of them.

Mr. Camp: What are the 77% that you're not? I'm confused.

Mr. Engler: The other portion of them.

Mr. Camp: Which is what?

Mr. Engler: Which is IV's, intubations, medication administration.

Mr. Camp: You don't do that?

Mr. Engler: Yes we do, we're not allowed to. I'm saying if you have 100% of the skills the Fire Department's only performing 23% of them out there in the field.

Mr. Camp: Your allowed to all of those is that correct?

Mr. Engler: We're allowed by certification to those. OK? We're not allowed by medical protocol to do them.

Mr. Camp: You currently cannot do before May 1st if you meet the standards you cannot do an incubation, you cannot do an IV, you cannot ...

Mr. Engler: I'm not talking about that, I'm talking about today. I'm saying that there are this many number of skills out there and we're only performing this many, OK?

Mr. Camp: I'm sorry I'm just confused.

Mr. Engler: I don't think it's a difficult concept.

Mr. Camp: I think it's very important to understand the whole facts. I don't understand what the 77% are that you're not doing.

Mr. Engler: I'm saying if there's, in pre-hospital medicine in one year in the Lincoln EMS system if there are 500 IV's started out there the field we're only starting 23% of those 500 IV's. Rural Metro is starting the remaining of the 500 IV's.

Mr. Camp: Why aren't you doing more than 235?

Mr. Engler: Because well I think ...

Mr. Camp: I'm sorry I just don't understand. If it's humerous that's deadly for ...

Mr. Engler: That's the point of what we're saying. We're saying that we're not, when Rural Metro gets on scene we're no longer in medical control. We are denied the opportunity to provide the skills. That's the problem. We're not opposed to medical standards. We meet a lot of standards on the Fire Dept. I mean there are tons throughout the whole Fire Dept. We're not opposed to standards. Our opposition comes from the fact that we're not allowed to meet the standards. That's simple. That's what we've been complaining about. If we were, if the playing field was level and we were allowed to meet the standards boy you wouldn't have a complaint and you'd have a lot more paramedics out there to able meet the standards. We've been excluded. From the day that the standards were implemented there was not any possibility of a Lincoln Firefighter meeting the standards. That's the problem and it's not because they don't have opportunity it's because they're denied opportunity by the way the standards are written and by the way the system has been run.

Mr. Camp: I'm still confused.

Mr. Engler: Well, I've got all night.

Mr. Camp: I guess if your doing only 23% and what Dr. Stothert from Omaha was saying that, I think he mentioned, not to put words in his mouth, that it was, that he doesn't promote incubation that what you need is someone intelligent and can clear the airway and four minutes seems to be a national standard on quick response and those very items that Dr. Stothert said can be performed by an Intermediate EMT is that not correct.

Mr. Engler: Well, intubations, IV's in fact ...

Mr. Camp: No, no I didn't say intubation I said clearing the block, clearing the passage way.

Mr. Engler: You asked what an EMT Intermediate could perform and I was just telling you what an EMT Intermediate could perform. Intubations and IV's. In fact the curriculums changed, they're going to do a number of skills that the paramedics do also. But, incubation and IV's are primarily what Intermediates can perform above the basic level of skills. What Dr. Stothert saying is, in my opinion, I guess what he's saying is whether you can incubate or not doesn't make you a good paramedic, knowing what to do makes you a good paramedic. Paramedics are trained to incubate and we have pretty good incubation statistics here in Lincoln Nebraska. I think the last time I heard 95 t 98% of the people that needed intubation arrived at the hospital with a tube so I mean that, the other, the other 2% or so may have had some traumatic injury that didn't allow it. There are many different ways to manage the airway. They have focused on one specific skill which is incubation. We incubate maybe 200 people a year in the Lincoln EMS system. That's a small part of our job. We manage an airway on every call that when people need incubating it's very beneficial to have an incubation or a tube and it can actually help the patient if there are any chances of aspiration or anything like that so rapid incubation in some cases is a very good skill to have.

Mr. Camp: I'll have to admit I'm not qualified to debate that issue to me that's where I defer to the medical direction board in the medical community.

Mr. Engler: Sure.

Mr. Camp: But, I'm concerned about the statistics that you're mentioning, too. I may have some questions later.

Mr. Engler: Sure. I'd be more than happy to answer them.

Ms. Johnson: Dave, I had an opportunity to read through an E-mail you sent John back on the 29th of February when John was hoping to be able to extent the certificate for (inaudible) and I won't go through that part of it, but there's some things in your E-mail that I'd like to quote you on and then ask some questions about it. One sentence in here is that you consider yourself and I will quote it, "I would consider myself somewhat of an expert on EMS system design".

Mr. Engler: Sure.

Ms. Johnson: In the fourth paragraph you say, "as a paramedic I'm an expert in Emergency Medical Pre-hospital care. That is my specialty. Doctors who have never set foot into the pre-hospital environment would be crossing the line should they give advice on EMS system design". And the last paragraph reads, "the firefighters have been in Lincoln's EMS system longer than any other organization. We continue to provide the best possible emergency care daily regardless of the political restraints cast upon us by medical oversight". I see a real healthy self-esteem here.

Mr. Engler: Oh you bet.

Ms. Johnson: And, the question that I ask you, and that's good, I mean I would hope that somebody who's going to work on me believes in what their doing.

Mr. Engler: Uh-huh.

Ms. Johnson: However, if you are opposing an oversight resolution by the very medical people who train you, who got you to that specialty but the doctors. How, what confidence do I have regardless of what system we do if we have something similar to what Omaha has that you won't rebel against somebody who says you're wrong. I don't understand this.

Mr. Engler: I've never rebelled against any system. I've worked in other systems besides Lincoln Nebraska. I've worked for Eastern Ambulance in Lincoln Nebraska. I've worked for the Kansas City Fire Dept. Worked parttime for MAST in Kansas City and worked for the Lincoln Fire Dept. now. I've never rebelled against the EMS system. I think the reason that we're up here or I'm up here testifying in opposition to this is not about independent medical oversight. Medical oversight is a great thing and it's necessary. We need to have a medical director to function. The portion that we have a problem with is number one, we're in the middle of a process and knowing what I do know about EMS systems is very healthy to have the medical director involved in designing the oversight. What does the medical director need. Now, EMS Inc. was on a search for a medical director and they decided to put that off until after this system was designed because they wanted the medical director to know what the system was going to look like. It seems to me if they'll do that it would make total sense to wait and see what the independent medical oversight is going to be. You may have potentially 12 paramedics working in the system in Lincoln's EMS system as opposed to maybe you'll have 30. Now, there may be some differences in the type of medical oversight and the medical standards. Our opposition to the medical standards is not to the standards themselves, but to the way they're applied and we would really appreciate the opportunity to meet those standards because we feel, you know, if we can't meet the standards we're going to be out of the paramedic service. We feel that it's only right we have the opportunity to meet the standards because if we have people out there that are meeting the standards and we can get to the patient in less than four minutes that's good patient care. So, our problem is we're not allowed to meet the standards whether, no matter how many calls we go on. We're not allowed to meet the standards. That's the problem. And, that needs to be fixed because that is in the best interest of patient care. And, I hear a lot about patient care, that's in the best interest of patient care.

Ms. Johnson: I just have to be honest, I'm just disappointed that our public servants, which I feel the Firefighters are, is opposed to a Resolution for us to guarantee to our community your patient, my constituents, that we are going to put their care number one. I'm having a real tough time having our employees oppose something that is very generic. We haven't designed this yet.

Mr. Engler: Was their someone saying that I was opposed to it because I am not opposed to it.

Ms. Johnson: You're standing in the opposition line.

Mr. Engler: I am opposed ...

Ms. Johnson: All those oppose come forward and that's when you came forward, Mr. Engler.

Mr. Engler: I understand that and what we're opposed to is that we

would like them to wait until the system is designed otherwise we may have an Independent Medical Oversight that doesn't work for the system.

Ms. Johnson: We might also have a system design that does not put the patient first. And, guess I see that this Resolution says that the patient will come first and will set the design after patient care comes first. And, so I really do have a concern about this and I, I just guess I'm really sorry I'm thankful that we have trained our Firefighters. I do disagree with some people who have stated differently and I was there when we made the decision because I believed in you. But after seeing four years of my decision killing people I'm very, very grieved. And, not that you are responsible so please pay attention, but because of the lack or the problems there's something wrong here. Our standards, our skill has gone down to the point not the same amount of people are coming out of the hospital as was before. And I feel bad about that. I want to fix it. Right now we have an opportunity to tell the community this is going to be our first step, this is going to be our priority. We'll design the system based on that and I have to out of good conscience share that with you.

Mr. Engler: Well everyone's got their opinion.

Mr. Camp: Dave, you were talking about design and independent oversight should come after the design. When should the renewal of the certificate of convenience come?

Mr. Engler: When should the renewal?

Mr. Camp: Well the reward or the renewal, whatever. The question of certificate of public conveyance. Is that before the design? After the design? Before the medical oversight? After the medical oversight?

Mr. Engler: I think that we need to see what system we're going to have and then we need to design the oversight and employ the medical director to oversee that system. And, the Medical Director will be a member of the Lancaster County Medical Society. That's part of the Medical Director so they can work in conjunction with it.

Mr. Camp: So you're saying we should design the system first?

Mr. Engler: I'm saying that's what's going to work the best if you design the system first then determine what independent medical oversight you need. You could have a number of different agencies or you could have a number, there are many different variables to the EMS system and you don't know what kind of oversight is going to be appropriate to take care of that situation.

Mr. Camp: I have to admit I agree with you and with that then why should the City of Lincoln not postpone the RFI on the ambulance certificate? Shouldn't it wait until the system is designed?

Mr. Engler: Well, I think that's where the design will come from. It will come from the people giving the RFI over to the City and the certificate review team can take a look and see what best meets the needs of the citizens. There's a perception that the Fire Dept. is going to be it and there's a perception that Rural Metro 's going to be it. Who knows who's going to be it. It could be a combination of different things, whatever best meets the citizens. That's not up to me to decide.

Mr. Camp: And, if you think very carefully you just articulated the whole crux of the issue and that is wait and let the Fire Dept., the Firefighters, the Rural Metro the other proposers tell us how to design it. And, that's what I've been asking and saying for eight or nine months is lets design our system. It doesn't matter who those providers are, just design our system.

Mr. Engler: The RFI designs the system. People, people meet, people respond to the RFI. The RFI have guidelines. You have to do this, this, and this.

Mr. Camp: No it doesn't. It has multiple choice questions Dave.

Mr. Engler: Eight minute response 90% of the time. Those types of things tell you what parameters if you're going to propose an EMS system in Lincoln that you will propose. And, I'm not, we're not up here to argue the RFI we can argue that on another time. This is about, this is about independent medical oversight which I think independent, I think medical oversight is appropriate, but I think it needs to be under, performed under what the system is going to be. And, I'm not up here to argue the RFI that's not what I'm up here for. That has nothing to do with this discussion really.

Mr. Camp: Don't you think we ought to write the questions first and then take the test rather than write the answers first and then formulate questions to fit it?

Mr. Engler: That's not up to me.

Mr. Camp: Well, but you're proposing we write the answers down first.

Mr. Engler: I'm here proposing going out, the course has been chosen let's see what. Ask EMS why they're not going to appoint a Medical

Director. It's because the Medical Director, they felt, unanimously that the Medical Director had to see what the system looked like first before they agreed to be the Medical Director. Now, it seems to me that the independent medical oversight who really is an extension of the Medical Director that that should be part of the system design.

Mr. Camp: See you just hit the question on the head again. You said the, I don't know anything about proposed Medical Directors, but other than the fact that whoever the Medical Director is ought to be chosen after the standards in the system are set up.

Mr. Engler: No, I said after the system is set up.

Mr. Camp: Aren't standards part of the system?

Mr. Engler: Standards may be part of the system depending on the medical direction. I think, did you hear Dr. Stothert talk about medical direction and it's up to them to determine what the standards are. We have to have a Medical Director to determine what the standard are.

Mr. Camp: We, we're. Thank you.

Mr. Fortenberry: Mr. Engler I don't mean to put you on the spot I just want to ...

Mr. Engler: I don't mind.

Mr. Fortenberry: I just want to take a shot of maybe getting everyone on the same page here because there's two different statements in the two resolutions before us. One says a system operated under independent medical oversight medical control direction by the Lincoln County Lancaster Society. The other says a system that includes independent medical oversight under the cooperative jurisdiction of the Lancaster Medical Society. That's a little bit different. I think you can see the (inaudible) is different. I've heard you make a statement and others suggesting independent oversight encouraging obviously the cooperation of our good doctors and local community, does that get us to where we need to be. I mean this is putting aside all the other arguments about RFI and who will potentially provide the services in the future this is a simple ...

Mr. Engler: Are those two separate documents or?

Mr. Fortenberry: Yes they are. And this is, again, I think I need ...

Ms. Seng: He's probably never seen this.

Mr. Engler: No.

Mr. Fortenberry: Right this has been handed, what was handed to us earlier and actually what was signed by the Lancaster Medical Society, St. Elizabeth, representatives from St. Elizabeth, Bryan's, and again I'm not meaning to put you on the spot here, but I'm just trying to get some more information out.

Mr. Engler: Unless, unless I were to see that document and study it I really couldn't answer that question.

Mr. Fortenberry: Madonna and Tabitha. I assume this is the same document that the City Health Dept., the Board of Health passed is it ...

Mr. Camp: Chief Spadt has got a copy of this as well.

Mr. Fortenberry: I sure would like to get us all on the same page and to me this potentially does it. Again, this was introduced to us this evening.

Mr. Engler: Sure. I haven't seen it. I have not seen it.

Mr. Fortenberry: What was actually signed.

Mr. Engler: I have not seen it. I can get a copy from Chief Spadt if he's got one.

Frank Eman, 2835 S. 40th St.: Good evening. I'm glad we're not paying you guys overtime. The budget wouldn't take it. I've seen over the years many different things happen in Lincoln Nebraska. One of those good things that I have seen happen is the fact that we have paramedics on them fire trucks. I have seen many a people where I work at with the Burlington-Northern Santa Fe Railroad be injured, come down with a stroke, heart attack or whatever. With their response and with the training of the people that we have with the BNSF Railway those people are alive today except for one. Those people are walking, they're talking, they've got all their limbs that they could still have on them. Unfortunately, some of them don't. Also, in that same fact the response time for my mother-in-law now for three different times, if it wasn't for the Fire Dept. people she would not be alive. One of their statistics one of these days, unfortunately, is going to be that they responded and they're not going to do nothing because of the fact that she says she does not want to be revived again. She wants to go ahead and pass away. That is here decision, the Lincoln Fire Dept. will accept that, Rural Metro will accept that. The unfortunate circumstance I see in this whole thing is we don't have anybody as a medical director for Lancaster County to do any of this directorship. To be a scapegoat. Somebody to slap around. Somebody to

handle what should have been handled like Omaha's been handling for many years. I think the City Council and maybe Curt Donaldson was in on the swap meet of the deal or whatever here that we didn't have somebody put in the place. But, if you ask most of the major people out there whether they work at Goodyear, Square D or whatever they have people trained first aide and basic CPR. I don't know how many on the City Council are that way. Burlington Northern Santa Fe recommends that everybody, and they train us on their time to do this. That just means we may be able to keep you alive until they respond, but I'll tell you what I'm never going to deliver a baby. That's one thing I'll never do and hopefully the doctor who was here earlier never has to deliver one either. But, unfortunately, that has happened probably with the Lincoln Fire Dept., with Rural Metro, they've had to deliver babies out there. And, I feel that if we're going to do this let's start and let's do it right. Let's redraw the map and let's get it over with. Let's go ahead, get some oversight in this and not pass these resolutions tonight. Let's go ahead and revamp the whole situation. I've sat on committees, consolidation committees, Community Congress and everything else and I'll gladly serve on any committee again with an impartial judgement regardless if it's full of crap I tell them it's full of crap whether it be for Rural Metro, Lincoln Fire Dept., or any of the City Council people that are sitting before me. And, I think a few of you know me that well and a few in the audience know the same thing. And, I feel that if you pass this resolution you're slapping the City of Lincoln and Lancaster County the wrong way. Let's go back to the drawing board and let's do it right. Thank you.

Jim Love, Bennington, NE: Thank you for this opportunity to address you. My name is Jim Love, L-O-V-E. I'm from another suburb kind of north and east of Lincoln, Bennington, Nebraska. I'm the Emergency Medical Services Chief for the Omaha Fire Dept. and while I do agree that independent medical oversight is a positive thing, right now you have paramedics on your engine companies and you're providing a pretty, a pretty high level of ALS response to your citizens, your constituents. I wish I had that in Omaha. We are working toward getting the equipment for our paramedics who are on engine companies so that when our citizens as well as your citizens do call for help and it is a true emergency to them that you do respond with the highest level of emergency medical personnel. And if that means a paramedic on every engine company I think that's a great service. Don't be doing any disservice to your citizens by reducing that. Thank you.

Mr. Camp: Jim, what are your credentials please as the Medical Chief?

Mr. Love: My current position is a Battalion Chief in charge of emergency medical services for the Omaha Fire Dept. and I was asked to come up here tonight by representatives from the Lincoln Fire Dept. just to listen and I appreciate a lot of good arguments on both sides.

Mr. Camp: So, are you a paramedic or what are your ...

Mr. Love: Yes Sir. I've been a paramedic for 15 years.

Mr. Camp: Thank you.

Mr. Love: You're welcome sir.

Mike Morosin, Past President Malone Neighborhood Assoc., 2055 S St.: Hi, my name is Mike Morosin a concerned citizen. Well over 5 years ago I started bringing up a lot of these questions. A lot of information here tonight. One of the things that I've pulled out of the medical that everybody's been talking about response times, well at the four minute mark brain damage does begin and at the 10 minute mark brain have certain death possibilities. So, I just wanted to pull that out, it came out of the medical books there. Also, we're talking about even when we came across some response times whether we can get there in eight minutes, whether we can get there sooner, well I pulled, if you remember this you were given this set of statistics right there from Rural Metro so I went through there and I pulled off the actual computer on the City and I found out a number of things that were kind of left out. There was a nine minute response left off, a 10 minute response, a 21 minute response, another 11 minute, a 12 minute, a 20 minute, and a 41 minute response was left off. And, these I just pulled as facts. Then I took a look at some other for the first six months of 1999 there's what you call a status red and that's when a delay in the time when Rural Metro is trying to locate an ambulance and get the ambulance in route to the call. We have some delays here, eight minutes, five minutes, four minutes, five minutes, 10 minutes, and four minutes there plus. So, we're having those delays to get there, but we're talking about we need to get there under eight minutes. The Fire Dept. can get there, most of the time, under four minutes, sometimes under three minutes and start some of the procedures. So, these are some of the facts that I pulled off and the computer, the

City computer this is where I pulled a lot of the facts off. From right there you can get those facts, you know, from the computer. There's a 41 minute response. So, I took the time to take a look at a lot of that and what we have here especially with this provider, I look at this provider as a corpse. Everybody wants to pump some blood into this corpse. This provider hasn't provided good service to this City and to the citizens. I think they cooked the books a number of times. When I took a look at the facts, and the facts speak for themselves, and I put that together in a small report that I have handed to you right there. Some food for thought, because I just want you to think about it. I'm, basically, from a neutral position. I'm just a citizen that's gone in there. People have asked to take a look at the facts. One of the facts that I brought forward for you, let's just take Rural Metro versus a Fire Dept. over a four year period. If the Fire Dept. would have had the service from the very beginning we would have saved the citizens over \$2,000,000. In a four year period the citizens would have had to pay, you know they've over paid. Then we take a look at another statistic here and those services can be provided for ALS for \$250, BLS for \$150 and in one year's time if we really provided what that cost we could save the taxpayers almost \$2,000,000 in one year. So, please take the time, look over the information that I've given you there. I think, you know, I've taken the time to put it together. If you want any of the facts I have volumes back here of all the information that I pulled and I've taken the time to give you the facts. Cindy knows that I video taped all of the EMS meetings because I knew there would come a time when the medical society would say this, these people would say this, where was the medical society on saying, wow we have some problems. In 1999 71 times in the first six months the Fire Dept. was Status Red, waiting on scene for an ambulance to find one. Where were we on these type of statistics. Where was the medical society. All of a sudden they pop up out of a hole now and they're very concerned. They should have been concerned very early on especially when I was presenting a lot of this information and asking the questions. What I want as a citizen why should I relegate myself to waiting for an 8 minute or 10 minute or longer response when I can have the Fire Dept. there with the same skills in under four minutes. And, if we know brain damage starts to occur at the four minute mark then I want somebody there for my loved one. And if they can't get there in that time then we need to get a provider that can provide that whoever the provider is going to be. But, you've been given a lot of information. You're going to have to digest this and Mr. Camp let's don't pump any more blood into this corpse here until we take a look at it. You know it's very important you and I have served on committees and I do bring the questions up and I'm not against oversight, but at the present time we need to get a medical director that's going to put the system together. And, that's been alluded to. Thank you very much. Please read the information and if you have anything we can sit down with a lot of that. Thank you.

Mr. Camp: Mike, I just have to say I glanced at a couple of these things and you have presented us information in the past, I think it's getting to the age old question of talking about who drives the ambulances and that's not the question here. We are talking about the oversight, the systems, and if you disagree and your statistics are right then that even points to a better reason why we need to fine tune the oversight we have. And what we're saying in our resolution ..

Mr. Morosin: And, I've taken a look at the RFI I've got it. I've read that. I think we need to get all that information in before we start making those decisions. We need to get the medical director in to make those decisions. I think right now is not the time to make that decision. That's how I feel. I'm not going to move off center with that because I've looked at all this information for a long period of time, five years, you know, I've put this together. So, you know, that's my position.

Mr. Camp: Well, just out of fairness you confused a lot of statistics there on BLS, basic life support and advance life support and so forth and so our present system has been doing a good job. You know we have a good first responder as well the ...

Mr. Morosin: Well, the first responders are doing fine, but their hands are handcuffed. They were handcuffed once Rural Metro arrives, then that paramedic basically takes over. That's already been alluded to we don't need to go there, but I think the present provider of the transport system hasn't done a good job. It doesn't fully have the resources to do that job. Now, if they put more ambulances on the street and more resources I think the job can be done. I just don't think they've done that good a job.

Mr. Camp: I don't agree or disagree with you. Again, that's why I say let's get the independence up front and decide what the system is we

want, design it and then let people propose on it.

Mr. Morosin: Well this is, you know, this is what a democracy is all about.

Mr. Camp: Thanks Mike.

Greg Fisher, 3208 Whitlock Rd.: I'm speaking on behalf as the Fire Chief for the Southwest Fire District and we abut up to the City of Lincoln on the south and west part of the City limits. We cover approximately 90 square miles. We're the only rural volunteer Fire Dept. that is advanced life support. Now, I'll just give you a little bit of history. About five to six years ago we had a full code or cardiac arrest in our fire district and we had to wait 20 minutes to get an ambulance and at the present time was Rural Metro Eastern. Not their fault, they were busy in the City. They did our transporting at that time, unfortunately the cardiac individual died. What the outcome would have been had they been there sooner, I don't know, but we were not advanced life support at that time either at Southwest. Our Board of Directors who are also elected officials by the taxpayers decided at that time maybe we should look at getting an ambulance to prevent this from happening again, and that's what we did. About two years ago the Board of Directors come to me and ask me, you have paramedics on the service right now out here why don't we become our own paramedic system. Alleviate Rural Metro out. We've had taxpayers come in that was concerned about the cost. That's not what we're here to talk about tonight. So, in that event we went looking for a medical director. We fell underneath the EMS Inc. at that time. We were involved with EMS Inc. and that's who did our medical oversight. Dr. Reckaway had an EMS Board meeting, expressed his concerns and stated as long as he is Medical Director there will be no rural department under him advanced life support. That didn't give us a choice but to look elsewhere. We did look elsewhere and we did find an emergency room physician who had interest, but at that point and time those emergency room physicians were just new to the system in Lincoln. They were the doctors that come out of Omaha. So, they said at that point and time they didn't feel they should get involved. So, we went looking elsewhere and Dr. Jay Maske out of Seward came and visited us. And, he became our Medical Director. We didn't want to go out of the county, but we have a Medical Director now that meets with us on a monthly basis. Will come out and ride with us, go on calls with us, is involved with our training and he is our QA. He reviews our charts. He looks at what we need to be doing standard wise. We don't have standards that we need 24 IV's, 10 incubations or whatever it is. If we have a paramedic that appears to be having trouble starting IV's they get remedial training. If we have a paramedic that's having problems with incubations they get remedial training, but if a paramedic runs 10 calls in three months he diagnosis those patients correctly, he treats them correctly, he doesn't have any problems with skills he's a good paramedic. We don't have any problems that way. I think everybody here is getting the cart before the horse. You want to put the Medical Society with these standards. Get a Medical Director. Make sure he's involved in the system. Make sure he visits the paramedics and knows the paramedics. Let him and whoever gets the system for the transport service and the Medical Society set down and make up a system. Don't put a system in place that some individuals are not able to meet. I've been involved in the EMS system here in Lincoln for 13 years. 10 years as a Rural Metro Eastern ambulance employee. The last three years as a Lincoln Fire Dept. paramedic, but I'm not here as a Lincoln Fire paramedic today, I'm here as the Fire Chief of the Southwest Fire Dist. I think you need to look at what you're doing here in order to get a grasp of everything. You have numerous physicians in all types of fields here. I don't disagree with medical oversight. Our medical oversight is our physician. We're not a big enough operation that we run that many calls, he is able to do that. But, put some people in place that understand pre-hospital systems. What it's like incubating in the field. The physician the Medical Director from Omaha sat here and says he goes out with his crews. That's what needs to happen with the system. Not somebody that sits behind a desk, looks at a call once in awhile and doesn't know the paramedics by name. You need to have somebody that's involved in the system that trusts his paramedics and that understands how to operate a system for the benefit of the patient because ultimately it's all patient care. Thank you.

Glen Cekal, 1420 C St.: This will be the briefest I've ever been in my life. As I sit here listening to all this and boy don't think my blood hasn't been boiling and how much I've going to say I've been reading up on this and reading up on that. All I'm going to say is and I don't know if it's correct or not, but I think it bears maybe stating. You will have to be the judge. When Nebraska goes out and gets a basketball coach or a

football coach or a whatever like that do they say, well now look we want to use this kind of formation and we want you to play these kind of deals.? I don't think so and I have a feeling that most of us are not qualified to be commenting and micro-managing all this. And, then if we happen to have our feelings hurt or there's a little politics thrown in I've stated up here on this microphone more than once that I was very unhappy with now Governor Johanns regarding the way this contract was originally let to, originally. I thought it was unethical, unprofessional, crooked, whatever you want to call it. And, unfortunately that has been a little bit of a side static to this, but look we're all human, we all make mistakes let's think of the person that's the patient. Twice I have been a patient of the ambulance service in Lincoln. Neither time did they let me down. I was lucky maybe everything was handled perfect. Some people aren't so luck and we're just lucky maybe that's we got along as well as we have. And, I'm not blaming anybody. I'm not trying to find fault with the doctors. You know, I think doctors are pretty busy people and management under the system like this is kind of a speciality in itself and I would hope that the President of the University or the Chancellor doesn't try to tell the football coach how to do his job. Somebody is wrong somewhere. That maybe is what we're trying to do a little bit here. As I listen to these people talk, and I think you should be very proud of your Fire Dept. that they have brought some of the people up and in town. I think we've been very fortunate, we should feel very good about this because I don't think anybody intentionally has tried to do anything wrong here. I really don't. So, but come let's go with what works and if somebody wants to call it starting with scratch then let's start from scratch. Let's give ourselves a chance. Let's not make it tough. This is not a Republican, Democrat, Conservative, or a Liberal deal. This is quality of life and in it's most emergency form. And, be good to yourself, be good to the City, don't make it so hard on yourself, let your conscience be your guide, forget politics, forget any commitments, just vote your heart and I don't think we'll have any trouble thank you.

Mary Millard, no address given: I didn't intend to speak this evening. I am a citizen. I am a patient and I am the spouse of a Fire Fighter. Their response time is 3 to 4 maybe 5 minutes. I take issue with it being 8 to 10 minutes. If you were in my position you would not want an 8 to 10 minute response. I would like to hear from Councilman Johnson an apology to the Lincoln Firefighters for saying they killed people out there tonight.

Ms. Johnson: First of all I didn't say that and I'm not going to apologize for something I didn't say. What I said is, obviously, there has been some lives that have been lost in the last four years and I don't know who it is. I don't care who it is, but obviously what we have done we've got to fix. So, if you take that that way then that's wrong. That's not the way it was meant, but we have to face the fact those statistics aren't lying to us.

Ms. Millard: That's right.

Ms. Johnson: Whatever has happened let's fix it. I'm not apologizing for something I didn't say.

Ms. Millard: What is it with the 23%, well I think you have a lot of disagreement in thisroom as to what you did say.

Ms. Johnson: It won't be the first time.

Ms. Millard: The 23% he was talking about is that they are not allowed to continue once they have started when Eastern or Rural Metro comes onto the scene. They have to step aside. So, if there is a problem I think you should look in that direction. We have some wonderful paramedics with the Lincoln Fire Dept. My spouse happens not to be one. I don't know what medical ramifications you want guide lines set forth, but as a patient I would want the quickest response and the best trained and I think that's Lincoln Fire Dept.

Mr. Camp: Mary I appreciate your testimony and, you know, I agree too we have an excellent Fire Dept. What we're looking at in our resolution is fairly innocuous in that it's just saying independent oversight, the idea of a regionally based area of coverage, fiscal responsibility, is that and a lot of emphasis I think we've put on the independent oversight and having standards set by a third party is that objectionable to you?

Ms. Millard: No, I'm not, that does not bother me, however, I do think that the input should be from the provider that is chosen prior to setting up your criteria.

Mr. Camp: Who's the provider, I mean what provider of what?

Ms. Millard: The, the response, the ambulance service, the whole process. Whoever it be find a medical director that will be on soon with

them and get some of these flaws taken away that do exist at this time.

Mr. Camp: So we let the fox guard the chicken coop.

Ms. Millard: Well you've been letting him do it for six years.

Mr. Camp: What do you mean by that?

Ms. Millard: We've had a problem for six year with the system and you've sat back letting it occur and now you want to keep it status quo, as pray not as a patient and a citizen.

Mr. Camp: I appreciate that and I agree with you. I'm not looking at status quo I'm at looking at tweeking the system, but we need to start from the system first and get the independence so I thank you for your testimony.

Ms. Seng: OK, we normally let the proponent do a quick sum up.

Mr. Stock: I'm back.

Ms. Seng: Are you the proponent?

Mr. Stock: Yes, well I guess what I'm going to pass for the proponent.

Ms. Seng: The spokesperson?

Mr. Stock: You have gotten a vivid demonstration of why the Council in 1993 tried to pass this off to an independent body, because the issues, the rankor, pretty much a rehash and s what can you say. I don't want to address a whole bunch of individual things. I do want to explain a couple of things, one is there is a discussion about not hiring a medical director. I want you to hear what actually happened and that is first of all we advertised for one. We contacted the emergency medical groups, we had one application and it came in late and so on the advice of our in-house Personnel Director we thought we ought to extend the deadline particularly in light of the fact that we were not going to be necessarily be able to tell this individual how long they would be employed by EMS Inc. and out of fairness to anyone we felt, certainly, there's the proposal by the Medical Society which is around, there's our budget year coming up and in light of the fact that no double line was forming to take the job then, you know, we put the decision off till there was a little more certainty as to what the future was going to be. Lot of discussion about Medical Director. I apologize for Kent Reckaway that he wasn't able to make it. I think it would have been very helpful for you to have heard from Kent, because obviously he is taking some hits tonight. And, I guess what I'd suggest to you and I mean I'm not sure I've had too many conversations with many of you about this and I guess at some point, I mean we're talking about issues that are very complicated, very complicated and to say, there's just very little black and white in this thing. And, I mean I would welcome, I mean I don't remember anyone coming to one of our board meetings. I don't remember anybody on the Council saying, "gee guys let's sit down and help me understand this", that's not completely true there are a couple of you have. But, I mean if you want to sit down with you and help you understand the struggles we've been through the last six years. And, we've had to make judgement calls and the problem is we've had to make judgement calls in light of a, inside a box that didn't have to do with medicine it had to do with politics and we worked, had to work inside that box. And, what you're seeing now with what the standards being implemented is that we're not going to work within that box. At least for the time being until you guys decide what you're going to do and then maybe, you know, I guess that's up to you. But, you know the bottom line is there's a perception here that it's there's a done deal that the fix is in. And, there's a paranoia out there that something's going to happen and that interests, legitimate interests in the community are not going to be heard. That's what this is all about. And, the resolution is here in front of you to tell all of the community that all of their interests are going to be heard. That's what this is about, it's saying that there's more than one interest being served. And, when we talk about this resolution, I mean to put it off because Oh we can't the timing isn't right. This isn't details, this is principles. This isn't the nitty gritty this is the foundation that you build a system on. This is the first thing you decide and then you start working everything else around it. And, I guess that I'd suggest to you that if you give people that reason for postponing this, as my friends in Texas would say, that dog won't hunt. It doesn't make sense, because this comes before the details of a system. This is what you decide. This is what providers, I mean are we going to say that we're going to let some like AMR come in and tell the City of Lincoln how the systems going to look? I don't believe that and you don't believe it either. AMR's not going to tell us how to run our system. So, I guess what I'm telling you, I'm standing here as, you can end this. You can end the paranoia, you can end all the speculation that there's a fix, that there's a deal, and pass this and pass this resolution and tell the community yes indeed you will

all be protected. We make the decision in the best interest to everybody.

Dr. Noble: Just indulge me for a minute I ...

Ms. Seng: No, you're responding to a question. We have finished the public hearing.

Dr. Noble: OK.

Mr. Fortenberry: I'll ask my question, but what did you have to say.

Dr. Noble: Very good. Well, I just want to respond to some of the accusations thrown our direction a little bit. You know it was interesting listening the Omaha Medical Director ...

Mr. Fortenberry: Can I clarify something first, Madam Chair? It's a little bit confusing as to who the primary proponent of this is.

Dr. Noble: I thought we were the primary proponent. I didn't want...

Ms. Seng: And we had the person respond for you to do the response, Darrell Stock came.

Dr. Noble: I did not realize (inaudible) if that's the case then that's procedure.

Ms. Seng: Paul, is that correct?

City Clerk: Yes.

Dr. Noble: I went to get up and somebody was here and I didn't want to be rude.

Ms. Seng: I think if he wants to ask you a question or something you can respond to that.

Mr. Fortenberry: Dr. Noble we have two different resolutions in front of us. The resolution passed by the Medical Society, signed by the hospital providers in the community and the Health Board. This resolution which was introduced to us earlier and there is some language differences. The resolution you initially passed seems to me to encompass a lot of what you have said tonight as well as the other side who has spoken in opposition it seems to me to give enough room to make a clear statement that your input is vital and necessary and those of us who might be interested in that want to endorse that, but also at the same time it's a cooperative jurisdiction, as the language says, in setting these independent medical oversight and medical direction.

Dr. Noble: I think if you look at the makeup of this Board that we recommended being a broad based board, but also having an Executive Director as well as a Medical Director, I think that allows you the greatest amount of input in terms of maintaining independence, but also taking the politics out of. And, I think if you look at the resolution that worked, we signed off on it and I'll explain that just a little bit further.

Mr. Fortenberry: I'd like to have some clarification as to where these two things are coming from that's just ...

Dr. Noble: Well, the resolution came about as a result of our proposal and the resolution more or less summarized the key components of the LCMS proposal for IMO. Now when I saw the resolution being introduced tonight there was a little difference there in terms of the wording and since our, well in the beginning you said you supported the independent medical oversight recommendations based on the LCMS proposal. Now, if you look at the first at A and B, your numbers 1 and 2 those are essentially the same. Although, it says on yours, it says on ours a cooperative jurisdiction not the direct. OK?

Mr. Fortenberry: Alright.

Dr. Noble: And so, I mean they're little things, but since our board voted on these specific issues I needed clarify that since that's our official position as well as what the hospital signed off on as well.

Mr. Fortenberry: What was the intent of saying that using the words cooperative and jurisdiction?

Dr. Noble: Instead of us dictating what we're talking about is a cooperative effort amongst the board of IMO as well as the Medical Society in terms of the makeup of the Board and the actual oversight as per our relationship with the Blood Bank. The Blood Bank operates independently of the LCMS just like the independent medical oversight proposal that we have would operate independent, but we would have two board members and we'd help in the selection process. But, it doesn't give anybody total control of the board which I think is really important. It doesn't give the City, the Fire Dept., and other EMS provider, the Medical Society or the Community, but what it does do is bring all those groups together to be sure that it's independent and that we're getting the best for our system that we possibly can. Now, if you concentrate all the oversight into t single Medical Director who is he really responsible to? He answers to the Mayor and the Fire Chief. Possibly others, whereas we have a Medical Directions Board made up of 15 sub-specialists to give input

from pulmonary medicine from trauma surgery and from obstetrics and psychiatry and emergency medicine and family practice and cardiovascular surgery and neonatology. I mean you want all those people to have voice in maintaining the standards for any EMS system instead of concentrating it in one individual. I know, I think the only other major difference there on, on C. would be and D. would be a system that would provide emergency and non-emergency medical transport at the appropriate life-support level. In other words we don't feel that a paramedic on every call is a wise use of resources. I mean why would you send somebody out paramedic level to take care of somebody with a sprained ankle who has fallen. You know, you can have basic life support people there to assess that. So, that's why we say the appropriate level of response which is different from your resolution.

Mr. Fortenberry: And, where did those differences, how did they arise? It's not clear to me.

Dr. Noble: Out of discussion and debate within our own board and amongst the people gave us input into formulating that. In other words we want the appropriate response not excessive first response an appropriate response. Just like earlier it was mentioned that well Rural Metro presently isn't responded in 20 minutes. Well, that doesn't take in consideration it may not have been there in 4 minutes or 8 minutes and right now our basic response team gets there in 3 1/2 minutes. They assess the situation plus with priority dispatch you have, you've already sent the appropriate level of care. And, if they get there in 8 minutes or 5 minutes, their average response right now is 5 1/2 minutes. So if you look at the average response times, I don't think you can look at any single response time of 15 minutes and say, aha they're in default, because by the ordinance they have to respond to ALS called 90% of the time within 8 minutes and they've met that. So I think that the information the gentleman gave earlier was not really accurate in terms of focusing what kind of calls were being responded to and at what level.

Mr. Camp: Did you visit with Mayor Wesely at some point when you were promulgating this resolution?

Dr. Noble: We sure did. Natalie Clark, I was out of town, Natalie Clark met with the Mayor, asked for a meeting with the Mayor and the Mayor Staff, did not ask for a meeting with the Fire Chief who was also there, and when we submitted our proposal he just pushed it back. Not interested. Not appropriate. "EMS Inc. made worse", that's a quote.

Mr. Camp: EMS ...

Dr. Noble: EMS INC. made worse was his response to our proposal. I don't see how that's possible based on what we thought was a very reasonable proposal of broadening the input and taking the politics out, also, providing for some measure of physical independence as well.

Mr. Camp: Did he offer, did Mayor Wesely offer any constructive or suggestions ...?

Dr. Noble: He did not offer a proposal. In fact when I spoke with Chief Spadt after our press conference last week he said, "you misrepresented me, what are you doing?" I'm for independent medical oversight. I asked him to articulate his position, he wouldn't do that. I said then what's your vision for independent medical oversight. Well, it's not for me to decide. Well, he says he's for it, but you know, it would be nice to know what he's really for. I couldn't get a response. That's the problem.

Mr. Camp: Do we have anyone from the Mayor's Office in fairness to have a ...

Jerry Shoecraft, Council Member: That's irrelevant Jon. That's totally irrelevant, totally irrelevant.

Dr. Noble: I thank you all very much for the opportunity to be here tonight to speak about this important issue.

This matter was taken under advisement.

ORDINANCES - 3RD READING

CHANGE OF ZONE 3236 - APPLICATION OF GARNER INDUSTRIES FOR A CHANGE OF ZONE FROM AG AGRICULTURAL TO I-2 INDUSTRIAL PARK ON PROPERTY GENERALLY LOCATED AT THE SOUTHWEST CORNER OF 98TH AND CORNHUSKER HIGHWAY. (IN CONNECTION W/00R-124) - PRIOR TO READING:

CAMP Moved to suspend the rules to have 3rd reading and action this date.
Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

CLERK Read an ordinance, introduced by Jeff Fortenberry, amending the Lincoln Zoning District Maps attached to and made a part of Title 27 of the Lincoln Municipal Code, as provided by Section 27.05.020 of the

Lincoln Municipal Code, by changing the boundaries of the districts established and shown thereon, the third time.

FORTENBERRY Moved to pass ordinance as read.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

The ordinance, being numbered **#17654**, is recorded in Ordinance Book 24, Page

APPROVING LEASE AGREEMENTS WITH NEXTEL WIP LEASE CORPORATION TO ALLOW FOR THE PLACEMENT OF TELECOMMUNICATION FIXTURES ON THE CITY'S WATER TOWER ON PROPERTY AT 56TH AND PINE LAKE ROAD AND AT N.W. 56TH AND W. SUPERIOR STREETS - PRIOR TO READING:

CAMP Moved to suspend the rules to have 3rd reading and action this date. Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

CLERK Read an ordinance, introduced by Jeff Fortenberry, accepting and approving the Lease Agreements between the City of Lincoln, Nebraska, a municipal corporation, and Nextel WIP Lease Corporation for the placement of telecommunications facilities upon City property and authorizing the Mayor to sign such Lease Agreement on behalf of the City, the third time.

FORTENBERRY Moved to pass ordinance as read.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

The ordinance, being numbered **#17655**, is recorded in Ordinance Book 24, Page

APPROVING A CONTRACT BETWEEN THE CITY & THE LINCOLN HAYMARKET DEVELOPMENT CORP. TO OPERATE & REGULATE A SATURDAY PUBLIC MARKET IN THE HAYMARKET AREA FROM MAY 6 THRU OCT. 28, 2000 - CLERK read an ordinance, introduced by Jonathan Cook, accepting and approving the Contract between the City of Lincoln, Nebraska, a municipal corporation, and the Lincoln Haymarket Development Corporation for establishment and regulation of a Saturday public market in the Haymarket area from May 6, 1999 through October 28, 2000, and authorizing the Mayor to sign such Contract on behalf of the City, the third time.

COOK Moved to pass ordinance as read.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

The ordinance, being numbered **#17656**, is recorded in Ordinance Book 24, Page

AMENDING SEC. 9.16.240 OF THE LMC RELATING TO SEXUAL CONTACT TO ADD LOCATIONS IN WHICH THIS ORDINANCE DOES NOT APPLY, REDEFINING THE PHRASE "SEXUAL CONTACT" & REPEALING 9.16.240 AS HITHERTO EXISTING - CLERK read an ordinance, introduced by Jonathan Cook, amending Section 9.16.240 of the Lincoln Municipal Code relating to sexual contact to add locations in which this ordinance does not apply and to redefine the phrase "sexual contact"; and repealing Section 9.16.240 of the Lincoln Municipal Code as hitherto existing, the third time.

COOK Moved to pass ordinance as read.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

The ordinance, being numbered **#17657**, is recorded in Ordinance Book 24, Page

APPROVING A LEASE AGREEMENT BETWEEN THE CITY AND NEBRASKA GOLF & TURF, INC., AND NEBRASKA NATIONAL BANK FOR THE LEASE OF 225 GOLF CARS AND TEN UTILITY VEHICLES FOR USE BY THE CITY PARKS AND RECREATION GOLF DIVISION FOR A FOUR-YEAR PERIOD - CLERK read an ordinance, introduced by Jeff Fortenberry, accepting and approving a Lease Agreement between the City of Lincoln, Nebraska ("City"), Nebraska Golf & Turf, Inc. and Nebraska national Bank (collectively referred to as "Lessor") for the lease of 225 golf cars and 10 utility vehicles for use by the City Parks and Recreation Golf Division, the third time.

FORTENBERRY Moved to pass ordinance as read.

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

The ordinance, being numbered **#17658**, is recorded in Ordinance Book 24, Page

SPECIAL PERMITS

SPECIAL PERMIT 1794 - APPLICATION OF SPRINT PCS TO CONSTRUCT AN 85 FOOT MONOPOLE WIRELESS TELECOMMUNICATIONS TOWER AND ASSOCIATED EQUIPMENT ON PROPERTY GENERALLY LOCATED AT 445 "A" STREET, WITH A WAIVER OF THE FALL ZONE AND LANDSCAPING REQUIREMENTS - PRIOR to reading:

COOK Moved to amend Bill 00R-121 at line 20 , Page 2 to read "or to write a \$500 check to the RTSD for the planting of the swamp white oaks to be

included in the project".

Seconded by Shoecraft & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

CLERK Read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80140 WHEREAS, Sprint PCS has submitted an application designated as Special Permit No. 1794 for authority to construct an 85 foot monopole telecommunications tower on property located at 445 "A" Street, and legally described to wit:

Lot 133 I.T. located in the Northwest Quarter of Section 35, Township 10 North, Range 6 East, Lincoln, Lancaster County, Nebraska;

WHEREAS, the real property adjacent to the area included within the site plan for this 85 foot monopole telecommunications tower will not be adversely affected; and

WHEREAS, said site plan together with the terms and conditions hereinafter set forth are consistent with the intent and purpose of Title 27 of the Lincoln Municipal Code to promote the public health, safety, and general welfare.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:

That the application of Sprint PCS, hereinafter referred to as "Permittee", to construct an 85 foot monopole telecommunications tower, on the property legally described above, be and the same is hereby granted under the provisions of Section 27.63.720 of the Lincoln Municipal Code upon condition that installation of said wireless communication antennas of said wireless communication antennas be in strict compliance with said application, the site plan, and the following additional express terms, conditions, and requirements:

1. This permit approves:
 - a. An 85 foot wireless communications facility for a period of 15 years, with the ability to increase up to a 120 foot height by administrative permit to provide for future co-location;
 - b. A waiver of the landscaping required by the Design Standards for Zoning Regulations; and
 - c. A waiver of the fall zone required by Section 27.68.110(g) of the Lincoln Municipal Code.
2. Before receiving building permits:
 - a. The Permittee must complete the following instructions and submit the documents and plans to the Planning Department office for review and approval.
 - i. Show that the propane tank and generator will be elevated to one foot above the base flood elevation.
 - ii. Revise the plans to show elevations in NAVD 1988, and clearly label the datum on the plans.
 - iii. A landscape plan showing an opaque fence surrounding the compound and two Swamp White Oaks placed in the A Street right-of-way, in a location satisfactory to the Parks and Recreation Department or to write a \$500.00 check to the RTSD for the planting of the swamp white Oaks to be included in the project.
 - b. The construction plans must meet all the floodplain requirements of the Zoning Ordinance to the satisfaction of the Building and Safety Department.
 - c. The construction plans must conform to the approved plans.
 - d. Provide evidence that the proposed tower meets all FAA, and state and local aviation requirements.
 - e. Record the required easements as shown on the site plan with the Register of Deeds.
 - f. Provide a surety, in a form to be approved by the City Attorney, in the amount of \$35,000 to guarantee the removal of the facility and the restoration of the property to its original condition. The surety shall be held for the duration of the Special Permit.
 - g. Provide a surety, in a form to be approved by the City Attorney, in the amount of \$500 to guarantee the installation of two Swamp White Oaks and their health and vitality for a year after installation.
 - h. Provide documentation, satisfactory to the City Attorney, that the Permittee and Permittee's successors

and assigns shall, at its sole cost and expense, indemnify and hold harmless the City, its officers, officials, boards, commissions, agents, representatives, and employees against any and all claims, suits, losses, expenses, causes of actions, proceedings, and judgments for damage arising out of, resulting from, or alleged to arise out of or result from the construction, operation, repair, maintenance or removal of the provider's facilities. Indemnified expenses shall include, but not be limited to, all out-of-pocket expenses, such as costs of suit and defense and reasonable attorney fees, and shall also include the reasonable value of any services rendered by the City Attorney's office and any employees of the City and any consultants retained by the City.

3. Before operating this personal wireless facility, all development and construction must conform to the approved plans.

4. The personal wireless service provider shall comply at all times with the current applicable FCC and FAA standards and regulations, and any of those of other agencies of the federal government with authority to regulate towers and antennas.

5. All privately-owned improvements, including landscaping, are to be permanently maintained by the Permittee.

6. The site plan approved by this permit shall be the basis for all interpretations of setbacks, yards, locations of buildings, locations of parking and circulation elements, and similar matters.

7. The terms, conditions, and requirements of this resolution shall be binding and obligatory upon the Permittee, its successors, and assigns. The building official shall report violations to the City Council which may revoke the special permit or take such other action as may be necessary to gain compliance.

8. The Permittee shall sign and return the City's letter of acceptance to the City Clerk within 30 days following approval of the special permit, provided, however, said 30-day period may be extended up to six months by administrative amendment. The City Clerk shall file a copy of the resolution approving the special permit and the letter of acceptance with the Register of Deeds, filing fees therefor to be paid in advance by the Permittee.

Introduced by Cindy Johnson

Seconded by Cook & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SPECIAL PERMIT 1827 - APPLICATION OF SPRINT PCS TO CONSTRUCT A 105 FOOT MONOPOLE WIRELESS TELECOMMUNICATIONS TOWER AND ASSOCIATED EQUIPMENT ON PROPERTY GENERALLY LOCATED AT N. 14TH ST. AND SAUNDERS AVE. WITH A WAIVER OF THE FALL ZONE AND LANDSCAPING REQUIREMENTS - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80141 WHEREAS, Sprint PCS has submitted an application designated as Special Permit No. 1827 for authority to construct a 105 foot monopole telecommunications tower on property located at N. 14th Street and Saunders Avenue, and legally described to wit:

Lots 37 and 38, Block 19, Belmont Addition, located in the Northeast Quarter of Section 14, Township 10 North, Range 6 East, Lincoln, Lancaster County, Nebraska;

WHEREAS, the real property adjacent to the area included within the site plan for this 105 foot monopole telecommunications tower will not be adversely affected; and

WHEREAS, said site plan together with the terms and conditions hereinafter set forth are consistent with the intent and purpose of Title 27 of the Lincoln Municipal Code to promote the public health, safety, and general welfare.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:

That the application of Sprint PCS, hereinafter referred to as "Permittee", to construct a 105 foot monopole telecommunications tower, on the property legally described above, be and the same is hereby granted under the provisions of Section 27.63.720 of the Lincoln Municipal Code upon condition that installation of said wireless communication antennas of said wireless communication antennas be in strict compliance with said application, the site plan, and the following additional express terms, conditions, and requirements:

1. This permit approves:

- a. A 105 foot wireless communications facility for a period of 15 years;
- b. A waiver of the landscaping required the Design

- Standards for Zoning; and
- c. A waiver of the fall zone required by Section 27.68.110(g) of the Lincoln Municipal Code.
2. Before receiving building permits:
 - a. The Permittee must complete the following instructions and submit a revised site plan the Planning Department office for review and approval showing the following revisions:
 - i. Show that the propane tank and generator will be elevated to one foot above the base flood elevation as required by Sections 27.55.030(a) and 27.55.030(c) of the Zoning Ordinance.
 - ii. Add a notation that the tower will be designed to prevent collapse or lateral movement in the event of a flood, constructed with materials and utility equipment resistant to flood damage and constructed by methods and practices that minimize flood damage, as per 27.55.030(a)(3) of the Zoning Ordinance.
 - iii. Add a notation to the plans to clearly indicate that NAVD 1988 vertical datum is being used for elevations on the site.
 - b. Construction plans must meet all the floodplain requirements of the Zoning Ordinance to the satisfaction of the Building and Safety Department.
 - c. The construction plans must conform to the approved plans.
 - d. Provide evidence that the proposed tower meets all FAA, and state and local aviation requirements, including FAA Form 7460-1.
 - e. Record the required easements as shown on the site plan with the Register of Deeds.
 - f. Provide a surety, in a form to be approved by the City Attorney, in the amount of \$35,000 to guarantee the removal of the facility and the restoration of the property to its original condition. The surety shall be held for the duration of the Special Permit.
 - g. Provide a surety, in a form to be approved by the City Attorney, in the amount of \$500 to guarantee the installation of one Eastern White Pine and one Techny Arborvitae and their health and vitality for a year after installation.
 - h. Provide documentation, satisfactory to the City Attorney, that the Permittee and Permittee's successors and assigns shall, at its sole cost and expense, indemnify and hold harmless the City, its officers, officials, boards, commissions, agents, representatives, and employees against any and all claims, suits, losses, expenses, causes of actions, proceedings, and judgments for damage arising out of, resulting from, or alleged to arise out of or result from the construction, operation, repair, maintenance or removal of the provider's facilities. Indemnified expenses shall include, but not be limited to, all out-of-pocket expenses, such as costs of suit and defense and reasonable attorney fees, and shall also include the reasonable value of any services rendered by the City Attorney's office and any employees of the City and any consultants retained by the City.
 3. Before operating this personal wireless facility, all development and construction must conform to the approved plans.
 4. The personal wireless service provider shall comply at all times with the current applicable FCC and FAA standards and regulations, and any of those of other agencies of the federal government with authority to regulate towers and antennas.
 5. All privately-owned improvements, including landscaping, are to be permanently maintained by the Permittee.
 6. The site plan approved by this permit shall be the basis for all interpretations of setbacks, yards, locations of buildings, locations of parking and circulation elements, and similar matters.
 7. The terms, conditions, and requirements of this resolution shall be binding and obligatory upon the Permittee, its successors, and assigns. The building official shall report violations to the City Council which may revoke the special permit or take such other action as may be necessary to gain compliance.

8. The Permittee shall, within 10 days of written demand, reimburse the City for all direct and indirect costs and expenses as provided in Section 27.68.090 of the Lincoln Municipal Code, in connection with the issuance and review of this permit.

9. The Permittee shall sign and return the City's letter of acceptance to the City Clerk within 30 days following approval of the special permit, provided, however, said 30-day period may be extended up to six months by administrative amendment. The City Clerk shall file a copy of the resolution approving the special permit and the letter of acceptance with the Register of Deeds, filing fees therefor to be paid in advance by the Permittee.

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

WAIVING THE DESIGN STANDARD CONDITIONS FOR THE INSTALLATION OF SIDEWALKS AND STREET TREES ALONG W. ADAMS STREET AND THE COMMUNITY WATER AND WASTEWATER SYSTEM REQUIREMENTS FOR THE ADMINISTRATIVE FINAL PLAT OF WEST HAVEN ADDITION ON PROPERTY GENERALLY LOCATED ON THE NORTH SIDE OF W. ADAMS STREET BETWEEN 1/4 AND 1/2 MILE WEST OF N.W. 56TH STREET - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80142 WHEREAS, Richard L. Garcia (Owner) has submitted the Administrative Final Plat of West Haven Addition to the Planning Director for approval; and

WHEREAS, the Owner has requested a modification of the Land Subdivision Ordinance to waive the installation of the sidewalk and street tree requirements and the community water and wastewater system requirements pursuant to § 26.31.010 of the Lincoln Municipal Code; and

WHEREAS, the Planning Commission has reviewed said request and has made recommendations thereon; and

WHEREAS, the City Council finds that the tract to be subdivided is surrounded by such development or unusual conditions that strict application of all the subdivision requirements would result in actual difficulties or substantial hardship or injustice.

NOW, THEREFORE, BE IT RESOLVED by the City of Lincoln, Nebraska:

That the following modifications to the subdivision requirements be and the same are hereby approved:

a. The requirement of § 26.27.020 of the Land Subdivision Ordinance requiring that sidewalks be installed on both sides of all streets within the subdivision and on the side of the streets abutting the subdivision is hereby waived along West Adams Street abutting West Haven Addition provided the Owner agrees not to object to the installation of sidewalks when ordered by the City Council.

b. The requirement of § 26.27.090 of the Land Subdivision Ordinance requiring trees be planted along both sides of all streets and private roadways within the subdivision and on the side of the streets and private roadways which abut the subdivision is hereby waived along West Adams Street; provided that owner acknowledges and agrees that any future urban type development of the property will require the installation of street trees.

c. The requirements of § 26.27.030 and 26.27.040 of the Land Subdivision Ordinance requiring that all subdivisions within the future urban area designated in the comprehensive plan shall have a community water and wastewater collection system constructed in accordance with the design standards of the City is hereby waived; provided that Owner acknowledges that future development in the area may require construction of a water distribution system and wastewater collection system to serve the property and Owner agrees not to object to the creation of special assessment districts for said construction.

BE IT FURTHER RESOLVED that the Administrative Final Plat of West Haven Addition shall not be filed for record or recorded in the office of the Register of Deeds of Lancaster County and no lot shall be sold from this Administrative Final Plat unless or until said Owner shall enter into a written agreement with the City which shall provide for the above agreement by Owner with respect to the conditional waiver of the improvements herein granted.

All other conditions for approval of the Administrative Final Plat shall remain in full force and effect.

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

PETITIONS & COMMUNICATIONS

REGULAR MEETING
APRIL 24, 2000
PAGE 858

PETITION TO VACATE PUBLIC WAY IN THE WEST "C" ST. FROM S.W. 1ST STREET TO THE RAILROAD SIGNED BY LINCOLN LAND REALTY COMPANY, PAUL M. GRIEGOR - CLERK presented said petition which was referred to the Law Dept.

PETITION TO VACATE PUBLIC WAY IN 1000 W NANCE TO CORNHUSKER HIGHWAY SIGNED BY KEN WARD, LE TROI PARTNERSHIP - CLERK presented said petition which was referred to the Law Dept.

REPORTS TO CITY OFFICERS

CLERK'S LETTER & MAYOR'S APPROVAL OF ORDINANCES & RESOLUTIONS PASSED ON APR. 10, 2000 - CLERK presented said report which was placed on file in the Office of the City Clerk.

INVESTMENT OF FUNDS - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80145 BE IT HEREBY RESOLVED BY THE CITY COUNCIL of the City of Lincoln, Nebraska:

That the attached list of investments be confirmed & approved, & the City Treasurer is hereby directed to hold said investments until maturity unless otherwise directed by the City Council. (Investments beginning 04/14/00)

Introduced by Cindy Johnson

Seconded by Camp on & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

REPORT FROM CITY TREASURER OF TELECOMM. OCC. TAX DUE FOR THE MONTH OF JAN., FEB, MAR., 2000: TOUCH 1 COMM; FEB., 2000: WINSTAR WIRELESS, NEBRASKA TECHNOLOGY & TELECOMM.; MARCH, 2000: PRIMUS, VIATEL, TRANS NATIONAL, TOPP TELECOM., CINCINNATI BELL, ATS MOBILE, AMERIVISION, ATLAS COMM., MATRIX, INT'L EXCHANGE, D & D COMM., OPEX, LINCOLN CELTELCO, MCLEODUSA, NETTEL, LDM SYSTEMS, INCOMNET, GLOBAL, TELCO DEV., TELIGENT, STORMTEL, GLYPHICS, TRIM, GTC, UNIDIAL, INACOM, COMDATA, NOS, NEXTLINK, AFFINITY, EQUALITY, GST, WESTERN UNION - CLERK presented said report which was placed on file in the Office of the City Clerk. (20)

REPORT FROM CITY TREASURER OF FRANCHISE TAX FOR PEOPLE'S NATURAL GAS FOR THE MONTH OF MARCH, 2000 - CLERK presented said report which was placed on file in the Office of the City Clerk. (16-1)

APPROVING THE DISTRIBUTION OF FUNDS REPRESENTING INTEREST EARNINGS ON SHORT-TERM INVESTMENTS OF IDLE FUNDS DURING THE MONTH ENDED MARCH 31, 2000 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80146 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That during the month ended march 31, 2000, \$293,016.29 was earned from short-term investments of "IDLE FUNDS". The same is hereby distributed to the various funds on a pro-rata basis using the balance of each fund and allocating a portion of the interest on the ration that such balance bears to the total of all fund balances.

Introduced by Cindy Johnson

Seconded by Camp & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

OTHER RESOLUTIONS

APPLICATION OF LINCOLN - P STREET CATERING CO., INC. DBA "EMBASSY SUITES" FOR A RETAIL CLASS "I" LIQUOR LICENSE AND LIQUOR CATERING LICENSE AT 1040 P STREET - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption for approval:

A-80131 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That after hearing duly had as required by law, consideration of the facts of this application, the Nebraska Liquor Control Act, and the pertinent City ordinances, the City Council recommends that the application of Lincoln - P Street Catering Co., Inc. dba "Embassy Suites" for a Class "I" and Catering liquor license at 1040 P Street, Lincoln, Nebraska, for the license period ending April 30, 2000, be approved with the condition that the premise complies in every respect with all city and state regulations. The City Clerk is directed to transmit a copy of this resolution to the Nebraska Liquor Control Commission.

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

MANAGER APPLICATION OF ERIC JONATHAN SPITZER FOR LINCOLN - P STREET CATERING CO., INC. DBA "EMBASSY SUITES" AT 1040 P STREET - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption for approval:

A-80132 WHEREAS, Lincoln - P Street Catering Co., Inc. dba "Embassy Suites" located at 1040 P Street, Lincoln, Nebraska has been approved for a Retail Class "I" and Catering liquor license, and now requests that Eric Jonathan Spitzer be named manager;

WHEREAS, Eric Jonathan Spitzer appears to be a fit and proper person to manage said business.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:

That after hearing duly had as required by law, consideration of the facts of this application, the Nebraska Liquor Control Act, and the pertinent City ordinances, the City Council recommends that Eric Jonathan Spitzer be approved as manager of this business for said licensee. The City Clerk is directed to transmit a copy of this resolution to the Nebraska Liquor Control Commission.

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPOINTING D. BERT HARRIS TO THE CHARTER REVISION COMMISSION TO FILL AN UNEXPIRED TERM EXPIRING JULY 15, 2000 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80133 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the appointment of D. Bert Harris to the Charter Revision Commission to fill an unexpired term expiring July 15, 2000 is hereby approved.

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPOINTING BARRY MOORE, ELAINE MORGAN, AND PHYLLIS BOVEE TO THE LINCOLN AREA AGENCY ON AGING ADVISORY COUNCIL FOR TERMS EXPIRING JULY 1, 2000, JULY 1, 2002, AND JULY 1, 2002, RESPECTIVELY - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80134 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the appointment of the following persons to the Lincoln Area Agency on Aging Advisory Council for terms to expire as set out below, is hereby approved.

<u>Name:</u>	<u>Term Expires:</u>
Barry Moore	July 1, 2000
Elaine Morgan	July 1, 2002
Phyllis Bovee	July 1, 2002

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

REAPPOINTING BARB MCCABE TO THE LINCOLN AREA AGENCY ON AGING ADVISORY COUNCIL FOR A TERM EXPIRING JULY 1, 2002 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80135 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the reappointment of Barb McCabe to the Lincoln Area Agency on Aging Advisory Council for a term expiring July 1, 2002 is hereby approved.

Introduced by Cindy Johnson

Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPOINTING MARY KYCKELHAHN, LEONARD SMITH, BARRY MOORE, AND BONNIE ARMSTRONG, TO THE LINCOLN-LANCASTER COUNTY COMMISSION ON AGING ADVISORY BOARD FOR TERMS EXPIRING ON JULY 1, 2000, AND APPOINTING SHERYL JORDAN FOR A TERM EXPIRING JULY 1, 2001 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80136 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the appointment of the following persons to the Lincoln-Lancaster County Commission on Area Advisory Board for terms to expire as set out below, is hereby approved.

<u>Name:</u>	<u>Term Expires:</u>
Mary Kyckelhahn	July 1, 2000
Leonard Smith	July 1, 2000
Barry Moore	July 1, 2000
Bonnie Armstrong	July 1, 2000
Sheryl Jordan	July 1, 2001

Introduced by Cindy Johnson
Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

REAPPOINTING DALE NELSON AND BARB MCCABE TO THE LINCOLN-LANCASTER COUNTY COMMISSION ON AGING ADVISORY BOARD FOR TERMS EXPIRING JULY 1, 2002 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80137 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the reappointment of Dale Nelson and Barb McCabe to the Lincoln-Lancaster County Commission on Aging Advisory Board for terms expiring July 1, 2002 is hereby approved.

Introduced by Cindy Johnson
Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPOINTING ELAINE MORGAN, PHYLLIS BOVEE, AND GAYLE MANDEVILLE TO THE LINCOLN-LANCASTER COUNTY COMMISSION ON AGING ADVISORY BOARD FOR TERMS EXPIRING JULY 1, 2002 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80138 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the appointment of Elaine Morgan, Phyllis Bovee, and Gayle Mandeville to the Lincoln-Lancaster County Commission on Aging Advisory Board for terms expiring July 1, 2002 is hereby approved.

Introduced by Cindy Johnson
Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPROVING A FOUR-YEAR CONTRACT WITH VON BUSCH AND SONS REFUSE FOR SITE MANAGEMENT AND COLLECTION SERVICES FOR THE RECYCLING DROP-OFF SITES IN THE CITY AND COUNTY - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80139 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the four-year contract between the City of Lincoln and Von Busch and Sons Refuse for the collection of recyclable materials from City sponsored recycling drop-off sites under the terms and conditions as set forth in said contract, which is attached hereto, marked as Attachment "A", and made a part hereof by reference, is hereby approved and the Mayor is authorized to execute the same on behalf of the City of Lincoln.

The City Clerk is directed to transmit one copy of the executed original contract to Gene Hanlon, Recycling Coordinator for the transmittal to Von Busch and Sons Refuse.

Introduced by Cindy Johnson
Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

COMP. PLAN AMENDMENT 94-51 - AMENDING THE 1994 LINCOLN/LANCASTER COUNTY COMPREHENSIVE PLAN TO CHANGE THE LAND USE FROM AG AGRICULTURAL TO I-2 INDUSTRIAL PARK ON PROPERTY GENERALLY LOCATED AT THE SOUTHWEST CORNER OF 98TH ST. AND CORNHUSKER HIGHWAY. (IN CONNECTION W/00-82) - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80143 WHEREAS, the Planning Director has made application to amend the 1994 Lincoln City-Lancaster County Comprehensive Plan to change approximately 20 acres of land generally located at the southwest corner of 98th and Cornhusker Highway from Agricultural to Industrial; and

WHEREAS, the Lincoln City-Lancaster County Planning Commission has made recommendations on said proposed change and has recommended approval of said proposed change.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:

That the Lincoln City-Lancaster County Comprehensive Plan (1994) be and the same is hereby amended to revise Figure 16 (Lincoln's Land Use Plan, page 39) and Figure 17 (Lancaster County's Land Use Plan, page 41) to change the Future Land Use of property generally located at the southwest corner of 98th Street and Cornhusker Highway from Agricultural to Industrial as shown the map, excluding the area recommended to remain agricultural, which is attached hereto as Attachment "A".

Introduced by Cindy Johnson
Seconded by McRoy & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPROVING AND SUPPORTING THE REPORT AND RECOMMENDATIONS OF THE LANCASTER COUNTY

MEDICAL SOCIETY CONTAINED IN THE DOCUMENT ENTITLED "INDEPENDENT MEDICAL OVERSIGHT FOR PRE-HOSPITAL MEDICAL CARE" WHICH RECOMMENDS AN EMERGENCY AND NON-EMERGENCY MEDICAL SYSTEM FOR THE CITY - PRIOR to reading:

CAMP Moved to amend Bill 00R-126 to incorporate the Resolution of Lancaster County Medical Society signed by Lancaster County Medical Society, Bryan LGH, St. Elizabeth Regional Medical Center, Madonna Rehabilitation Hospital, Tabitha Health Care Services into the City's Resolution.

Seconded by Johnson & Lost by the following vote: AYES: Camp, Fortenberry, Johnson; NAYS: Cook, McRoy, Seng, Shoecraft.

SHOECRAFT Moved to place Bill 00R-126 on Pending until a provider is selected.

Seconded by Cook & carried by the following vote: AYES: Cook, Fortenberry, Johnson; NAYS: Camp, Fortenberry, Johnson.

AMENDING THE NEIGHBORHOOD DESIGN STANDARDS TO MAKE THE STANDARDS APPLICABLE TO THOSE AREAS ZONED R-4, R-5, R-6, R-7, AND R-8 RESIDENTIAL ZONING DISTRICTS WHICH WERE ANNEXED PRIOR TO DECEMBER 31, 1949 AND ARE POTENTIALLY ELIGIBLE FOR THE NATIONAL REGISTER OF HISTORIC PLACES AND TO ELIMINATE THEIR APPLICATION TO THE R-C RESIDENTIAL CONSERVATION DISTRICT. (IN CONNECTION W/00-83) - PRIOR to reading:

JOHNSON Moved to delay action on Bill 00R-127 for one week to 5/1/0.

Seconded by Camp & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

APPOINTING JAMES LAMPHERE TO THE GOVERNMENT ACCESS AND INFORMATION COMMITTEE TO FULFILL AN UNEXPIRED TERM THROUGH JANUARY 1, 2001 - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80144 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska: That the appointment of James Lamphere to the Government Access and Information Committee to fill an unexpired term expiring January 1, 2001 is hereby approved.

Introduced by Cindy Johnson

Seconded by Camp & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SETTING HEARING DATE OF MON., MAY 8, 2000 AT 1:30 P.M. ON THE MAN. APP. OF SHELLY LAWSON FOR WHITEHEAD OIL COMPANY DBA "U-STOP CONVENIENCE SHOP" AT 240 N. 17TH - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80147 BE IT RESOLVED by the City Council, of the City of Lincoln, that a hearing date is hereby fixed for Mon., May 8, 2000, at 1:30 p.m. or as soon thereafter as possible in the City Council Chambers, County-City Building, 555 S. 10th St., Lincoln, NE, for the purpose of considering the following Man. App. of Shelly Lawson for Whitehead Oil Company dba "U-Stop Convenience Shop" at 240 N. 17th St.

If the Police Dept. is unable to complete the investigation by said time, a new hearing date will be set.

Introduced by Cindy Johnson

Seconded by Shoecraft & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SETTING HEARING DATE OF MON., MAY 8, 2000 AT 1:30 P.M. ON THE APP. OF CUTCH, INC. DBA "BUM STEER" OR A LIQUOR CATERING LICENSE AT 6440 "O" -

A-80148 BE IT RESOLVED by the City Council, of the City of Lincoln, that a hearing date is hereby fixed for Mon., May 8, 2000, at 1:30 p.m. or as soon thereafter as possible in the City Council Chambers, County-City Building, 555 S. 10th St., Lincoln, NE, for the purpose of considering the following App. of Cutch, Inc. dba "Bum Steer" for a Liquor Catering License at 6440 "O" Street.

If the Police Dept. is unable to complete the investigation by said time, a new hearing date will be set.

Introduced by Cindy Johnson

Seconded by Shoecraft & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SETTING HEARING DATE OF MON., MAY 8, 2000 AT 1:30 P.M. ON THE REQUEST OF NAMREH, INC. DBA D & D DISTRIBUTOR FOR AN ADDITION ON THEIR LICENSED PREMISE AT 5840 N. 70TH ST - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80149 BE IT RESOLVED by the City Council, of the City of Lincoln, that a hearing date is hereby fixed for Mon., May 8, 2000, at 1:30 p.m. or as soon thereafter as possible in the City Council Chambers, County-City Building, 555 S. 10th St., Lincoln, NE, for the purpose of considering the following App. of Namreh, Inc. dba "D & D Distributor" for an addition of

their licensed premise at 5840 N. 70th St.

If the Police Dept. is unable to complete the investigation by said time, a new hearing date will be set.

Introduced by Cindy Johnson

Seconded by Shoecraft & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SETTING HEARING DATE OF MON., MAY, 2000 AT 1:30 P.M. ON THE APP. OF BIAGIO'S INC. DBA "BIAGIO'S" FOR A RETAIL CLASS "I" LIQUOR LICENSE AT 500 SUN VALLEY BLVD. - CLERK read the following resolution, introduced by Cindy Johnson, who moved its adoption:

A-80150 BE IT RESOLVED by the City Council, of the City of Lincoln, that a hearing date is hereby fixed for Mon., May 8, 2000, at 1:30 p.m. or as soon thereafter as possible in the City Council Chambers, County-City Building, 555 S. 10th St., Lincoln, NE, for the purpose of considering the following App. of Biagio's Inc. dba "Biagio's" for a Retail class "I" Liquor License at 500 Sun Valley Blvd.

If the Police Dept. is unable to complete the investigation by said time, a new hearing date will be set.

Introduced by Cindy Johnson

Seconded by Shoecraft & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

ORDINANCES - 2ND READING

CREATING WATER DISTRICT NO. 1179 IN PLUM STREET FROM GILLESPIE TO APPROXIMATELY 350 FEET EAST - CLERK read an ordinance, introduced by Jeff Fortenberry, designating the real estate to be benefitted, providing for assessment of the costs of the improvements constructed therein, providing for the acquisition of easements and additional right-of-way, if necessary, and repealing all ordinances or parts of ordinances in conflict herewith, the second time.

CREATING ALLEY PAVING DISTRICT NO. 358 IN THE NORTH SOUTH ALLEY BETWEEN ST. PAUL AND MADISON STREETS, 49TH STREET TO 50TH STREET - CLERK read an ordinance introduced by Jeff Fortenberry, defining the limits thereof, establishing the width of the roadway to be paved and the width of the grading to be done, providing for the curbing, guttering, and relaying of sidewalks, providing for the payment of the cost thereof, designating the property to be benefitted, providing for the acquisition of easements and additional right-of-way, if necessary, and repealing all ordinances or parts of ordinances in conflict herewith, the second time.

CREATING PAVING DISTRICT NO. 2617 IN 73RD STREET FROM CUMING TO THURSTON STREETS - CLERK read an ordinance, introduced by Jeff Fortenberry, defining the limits thereof, establishing the width of the roadway to be paved and the width of the grading to be done, providing for the curbing, guttering, and relaying of sidewalks, providing for the payment of the cost thereof, designating the property to be benefitted, providing for the acquisition of easements and additional right-of-way, if necessary, and repealing all ordinances or parts of ordinances in conflict herewith, the second time.

CREATING WATER DISTRICT NO. 1180 IN 33RD STREET FROM SUPERIOR STREET NORTH TO APPROXIMATELY MERIDIAN DRIVE - CLERK read an ordinance, introduced by Jeff Fortenberry, designating the real estate to be benefitted, providing for assessment of the costs of the improvements constructed therein, providing for the acquisition of easements and additional right-of-way, if necessary, and repealing all ordinances or parts of ordinances in conflict herewith, the second time.

CREATING PAVING DISTRICT NO. 2618 IN 33RD STREET FROM SUPERIOR STREET NORTH TO APPROXIMATELY MERIDIAN DRIVE - CLERK read an ordinance, introduced by Jeff Fortenberry, defining the limits thereof, establishing the width of the roadway to be paved and the width of the grading to be done, providing for the curbing, guttering, and relaying of sidewalks, providing for the payment of the cost thereof, designating the property to be benefitted, providing for the acquisition of easements and additional right-of-way, if necessary, and repealing all ordinances or parts of ordinances in conflict herewith, the second time.

CHANGE OF ZONE 3236 - APPLICATION OF GARNER INDUSTRIES FOR A CHANGE OF ZONE FROM AG AGRICULTURAL TO I-2 INDUSTRIAL PARK ON PROPERTY GENERALLY LOCATED AT

THE SOUTHWEST CORNER OF 98TH AND CORNHUSKER HIGHWAY. (IN CONNECTION W/00R-124) - CLERK read an ordinance, introduced by Jeff Fortenberry, Change of Zone 3236 application of Garner Industries for a change of zone from AG Agricultural to I-2 Industrial Park on property generally located at the southwest corner of 98th and Cornhusker Highway, the second time. (See Council Action under "ORDINANCES - 3RD READING")

CHANGE OF ZONE 3237 - AMENDING TITLE 27 OF THE LINCOLN MUNICIPAL CODE TO REQUIRE THAT NEW CONSTRUCTION IN THE R-4, R-5, R-6, R-7, AND R-8 ZONING DISTRICTS CONFORM WITH NEIGHBORHOOD DESIGN STANDARDS; TO ADJUST THE AREA REQUIREMENTS FOR MULTI-FAMILY DWELLINGS IN THE R-5 THROUGH R-8 ZONING DISTRICT; TO REMOVE THE R-C RESIDENTIAL CONSERVATION DISTRICT; TO ADJUST THE REQUIREMENTS FOR OPEN SPACE IN THE R-5 THROUGH R-8 ZONING DISTRICTS; AND TO ADD LANGUAGE TO ALLOW UP TO 25% OF A FRONT FACADE TO ENCROACH UP TO TWO FEET INTO THE REQUIRED FRONT YARD. (IN CONNECTION W/00R-127) - CLERK read an ordinance, introduced by Jeff Fortenberry, amending Title 27 of the Lincoln Municipal Code to require that new construction in the R-4, R-5, R-6, R-7, and R-8 zoning districts conform with Neighborhood Design Standards; to adjust the area requirements for multi-family dwellings in the R-5 through R-8 zoning district; to remove the R-C Residential

Conservation District; to adjust the requirements for open space in the R-5 through R-8 zoning districts; and to add language to allow up to 25% of a front facade to encroach up to two feet into the required front yard, the second time.

APPROVING A LEASE AGREEMENT BETWEEN THE CITY AND NEBRASKA GOLF & TURF, INC., AND NEBRASKA NATIONAL BANK FOR THE LEASE OF 225 GOLF CARS AND TEN UTILITY VEHICLES FOR USE BY THE CITY PARKS AND RECREATION GOLF DIVISION FOR A FOUR-YEAR PERIOD - CLERK read an ordinance, introduced by Jeff Fortenberry, accepting and approving a Lease Agreement between the City of Lincoln, Nebraska ("City"), Nebraska Golf & Turf, Inc. and Nebraska National Bank (collectively referred to as "Lessor") for the lease of 225 golf cars and 10 utility vehicles for use by the City Parks and Recreation Golf Division, the second time.

APPROVING LEASE AGREEMENTS WITH NEXTEL WIP LEASE CORPORATION TO ALLOW FOR THE PLACEMENT OF TELECOMMUNICATION FIXTURES ON THE CITY'S WATER TOWER ON PROPERTY AT 56TH AND PINE LAKE ROAD AND AT N.W. 56TH AND W. SUPERIOR STREETS - CLERK read an ordinance, introduced by Jeff Fortenberry, accepting and approving the Lease Agreements between the City of Lincoln, Nebraska, a municipal corporation, and Nextel WIP Lease Corporation for the placement of telecommunications facilities upon City property and authorizing the Mayor to sign such Lease Agreement on behalf of the City, the second time. (See Council Action under "ORDINANCES - 3RD READING")

APPROVING A LEASE AGREEMENT BETWEEN THE CITY AND B&J PARTNERSHIP, LTD. FOR THE RELOCATION OF PUBLIC WORKS & UTILITIES ENGINEERING SERVICES AT 531 WESTGATE BLVD. - CLERK read an ordinance, introduced by Jeff Fortenberry, whereas, the City of Lincoln Public Works & Utilities Department, Engineering Division, desires to rent space of approximately 23,5000 square feet of a building owned by B & J Partnership, Ltd. located at 531 Westgate Blvd., Lincoln, Nebraska, the second time.

MISCELLANEOUS BUSINESS

PENDING LIST -

AMENDING THE CITY'S RESOLUTION ON LOCAL GOVERNMENT MISCELLANEOUS EXPEND-ITURES TO CLARIFY LANGUAGE; TO PROVIDE FOR TRAVEL APPROVAL BY DEPARTMENT DIRECTORS & INSTITUTING A REQUIREMENT FOR DIRECTORS TO SUBMIT A SEMI-ANNUAL REPORT REGARDING TRAVEL AUTHORIZATIONS; TO PROVIDE THAT TEAMS ARE ELIGIBLE FOR THE MAYOR'S AWARD OF EXCELLENCE; & TO ELIMINATE REFERENCES TO THE CITY'S WELLNESS PROGRAM. (1/18/00 - PLACED ON PENDING);

AMENDING SEC. 10.14.200, 10.14.210, & 10.14.220 OF THE LMC TO PERMIT U-TURNS AT SELECT LOCATIONS WHEN PERMITTED BY AN AUTHORIZED TRAFFIC CONTROL DEVICE - CLERK requested to remove Bill 00R-4 and 00-73 from Pending for action on 5/1/00.

JOHNSON So moved.

Seconded by Cook & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

REGULAR MEETING
APRIL 24, 2000
PAGE 864

CHANGE OF ZONE 3245 - APP. OF MANETTE KIDNEY FOR A CHANGE FROM AG AGRICULTURAL TO O-2 SUBURBAN OFFICE ON PROPERTY GENERALLY LOCATED AT S. 84TH ST. & OLD CHENEY RD. - CLERK requested to reconsider Bill 00-72 & place on Pending:
JOHNSON So moved.

 Seconded by Shoecraft & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

COOK Moved to extend the Pending List for 1 week.
 Seconded by Fortenberry & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

UPCOMING RESOLUTIONS

COOK Moved to approve the resolutions to have Public Hearing on May 1, 2000.
 Seconded by Fortenberry & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

ADJOURNMENT

1:04 A.M.

COOK Moved to adjourn the City Council Meeting of April 24, 2000.
 Seconded by Fortenberry & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

So ordered.

Paul A. Malzer, Jr., City Clerk

Judy Roscoe, Office Assistant III